Second Chance Recovery Centre: The Experiences of Caregivers of Nyaope Addicts

by

Kgothatso Selloane Lydia Mokutu

Submitted in accordance with the requirements for the degree of

MASTER OF ARTS IN PSYCHOLOGY WITH SPECIALISATION IN RESEARCH CONSULTATION

In the subject

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: MR F Z SIMELANE

DECEMBER 2020

DEDICATION

This research is dedicated to:

- My parents, Jessie and Ezekiel Mokutu, who raised me to be the person I am today. You have been with me every step of the way. Thank you for all the unconditional love.
- My daughter, Kelebogile - you have made me stronger, better, and more fulfilled than I could have ever imagined.

DECLARATION

I, Kgothatso Selloane Lydia Mokutu (student no: 41113713), declare that the dissertation entitled "Second Chance Recovery Centre: The Experiences of Caregivers of Nyaope Addicts" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other institution of higher learning.

14/12/2020

SIGNATURE **DATE**

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude and thank you to the following organisations and individuals for their treasured support in completing my dissertation:

- My supervisor, Mr Fana Z Simelane - words cannot explain how grateful I am for his patience, for his encouragement, guidance, mentoring, criticism, and supervision of this work- *Kea leboga.*
- Mr Mdakane and Ms Boitumelo Kekana - thank you for your support and encouragement.
- To my Marc Team: Bongani Mtshweni, Nthambeleni Seshebedi, Asanda Nogqala and Sizakele Nkobi - thank you for sharing your coursework experiences with me.
- To my siblings Lesego and Gomolemo, and my friend, Mr Pelle - thank you for your moral support.
- The Second Chance Recovery Centre - thank you for allowing me to conduct my research.
- University of South Africa (Unisa) master's and doctoral bursary for the financial support enabling the successful completion of my research work.
- Ausi Cynthia - thank you for your patience and your support.
- All my research participants – thank you for making this study a success – *kea leboga* (thank you) - may God grant you your hearts' desires.
- Finally, to Prof. Manda, - words fail me when I attempt to express my gratitude for the impact you have had in my life. Thank you for guiding me towards the right path; you have been an integral part of my life. Thank you for your continued support and encouragement, I have learned a lot from you. I admire your humility, your diligence, and your unwavering purpose. You are my inspiration, and I am forever grateful.

DEFINITIONS

- **Nyaope:** a novel psychoactive substance commonly abused in South Africa; its unprecedented dependency is not fully understood.
- **Caregiver:** the person responsible for caring for a sick or dependent person, facilitating the performance of their daily activities, such as feeding, personal hygiene, providing routine medication and accompanying them to the health services.
- **Coping mechanisms**: is defined as a way of coping with a major or minor stressful event in an individual experience.
- **Opioids:** is medication used as a drug because they contain chemicals that relax the body and can relieve pain.
- **Substance abuse:** a maladaptive pattern of substance use leading to clinically significant impairment or distress.
- **Rehabilitation:** a process by which service users are enabled to reach and maintain their optimal physical, psychological, intellectual, mental, psychiatric and social functional levels.

ABBREVIATIONS

APA	American Psychological Association
SCRC	Second Chance Recovery Centre
HSRC	Human Sciences Research Council

ABSTRACT

Background: Drug rehabilitation is crucial for drug addicts. As much as drug rehabilitation (rehab) centres are helping in dealing with drug addiction. Some drug addicts may find that some of the drug rehabs do not meet their needs. Therefore, the study explored the experience of caregivers caring for nyaope addicts.

Method: This study adopted a qualitative research approach and a case study design. The purposive sampling method was employed to select the sample. The sample comprised six caregivers. The structured interview and open-ended questionnaire were employed to collect data. An interview questionnaire was designed allowing the participants to respond at home and provide feedback. Their responses provided through this process were insufficient, participants were then requested face-to-face interviews and they agreed.

Results: One of the main findings in this study was that caregiving affects the caregivers negatively. Caregiving has led to psychological and physical effects amongst the caregivers.

Conclusion: A need was identified for support and awareness for the caregivers and rehabilitation centres in South Africa. This might reduce the relapse of substance abuse and help eradicate the number of substance abusers in South Africa.

Key Terms: drug, qualitative; ecological system theory, rehabilitation; nyaope; caregiver; coping mechanism; substance abuse.

LIST OF TABLES

LIST OF FIGURES

TABLE OF CONTENTS

CHAPTER 1: BURDEN ON CAREGIVERS OF INDIVIDUALS TAKING NYAOPE

"Doctors diagnose, nurses heal, and caregivers make sense of it all" (Brett H. Lewis)

1.1 Overview of the study

A rehabilitation centre is a place with the facilities to rehabilitate the problem of drug and alcohol dependence. According to Michael House (2020), drug rehab is crucial for individuals addicted to drugs. Drug rehabs, therefore, are helping in dealing with drug addiction. Certain drug addicts may find that drug rehabs do not meet their needs. The rehabs are expected to provide a treatment programme attending to the medical and psychological concerns of each patient, no matter what drug is abused (Michael House, 2020). If the treatment does not meet the needs of the patient, it could lead to relapse. The relapse of the patient might not be acceptable to the caregivers as they invested the resources in assisting the patient to live life without drugs.

Griswold Home Care (2019) identifies caregiving as physically, mentally, and emotionally demanding. Some caregivers experience sadness and even clinical depression as they watch their patients' condition decline. This study indicates that relapse of nyaope addicts affects the caregivers because they do not want to watch their patients lose the fight against nyaope. The lack of resources is another challenge caregiver encounters despite executing the important task of helping drug addicts. For instance, limited resources could lead to admission waiting times. State-funded drug rehab programmes often require participants to share the rooms focusing on treatment rather than comfort. Also, newer, or more experimental treatment methods may not be available in state rehabilitation centres. Bronfenbrenner's Ecological System Theory perspective indicates that rehab centres are established in the community, but they do not receive enough support from the government and families.

A finding in this study indicates that nyaope addicts were rejected by their families, although they went for the rehabilitation process, wanting to start a new chapter in their lives. The rejection of nyaope addicts by their families is the indication that they find it difficult to forgive them for their sins such as stealing in the family. This creates a burden for caregivers as they need to retain them

in the centre, and they struggle to create the space to recruit new patients to the centre. Capello and Orford (2002) explain that families are important stakeholders in dealing with drug addiction. They play a significant role to ensure that nyaope addicts receive treatment. The rejection of addicts by their families might be a sign that some families do not want to assist the caregivers to win the battle against drug addiction. Ironically, the history of drug abuse in the family could have influenced some of the children in using drugs. When these children are now abusing drugs, the families do not want to assume the responsibility of assisting these. It is now the responsibility of the rehab centres with a lack of assistance from the addicts' families.

1.2 Research problem

Nyaope is a unique drug compared to other drugs used in South Africa. For instance, the uniqueness of nyaope is in its demographic popularity. It is exclusively used by Black people (Ghosh, 2003). Nyaope is also cheap and has become easily accessible even to primary school children. Therefore, it would be important to understand the unique experience of caring for nyaope addicts at Second Chance Recovery Centre (SCRC) and how they cope with their work. Understanding the problems encountered by these caregivers would assist the government, private companies, and communities on how to support the caregivers in their struggle against nyaope addiction.

1.3 Purpose of the study

The use of nyaope is a challenge in South Africa. The residents of South Africa are struggling to deal with the scourge of nyaope including funding treating as well as reintegration of former users into the community. The use of nyaope has been endemic in township areas where there is low socioeconomic status. Although most users would like to quit the drug, rehabilitation centres are either full or cannot accommodate them for the required duration due to the exorbitant treatment fees. Furthermore, several rehabilitation centres are available to treat different psychosocial problems, however this study focuses on the drug rehabilitation centre. Therefore, the present study aimed to explore the experiences of caregivers caring for nyaope addicts.

1.4 Objectives of the study

- To understand the life experience of caregivers caring for nyaope addicts.
- To understand the financial and emotional support caregivers caring for nyaope addicts receive.
- To understand the coping strategies of the caregivers caring for nyaope addicts.
- To gain knowledge on conducting the rehabilitation centres and identifying eligible persons to run a rehabilitation centre.

1.5 Research questions

- What is it like to care for nyaope addicts?
- What financial and emotional support the caregivers receive for caring nyaope addicts?
- What are the coping strategies of caregivers caring for nyaope addicts?

1.6 Significance of the study

Since nyaope addiction is a health problem, understanding the experiences of caregivers caring for nyaope addicts offers insight into this phenomenon. This also provides an understanding of coping strategies employed by caregivers in caring for nyaope addicts. The findings from this study may assist rehabilitation centres on how to support nyaope users' caregivers. This may assist centres identify resources that could be required by rehabilitation care workers. Furthermore, recommendations could be suggested in training caregivers on how to care for the users within rehabilitation centres. In terms of social significance, the study aims to raise awareness about the challenges and demand needed in running a rehabilitation centre as well as the psychosocial impact of caring for nyaope users on the community, family, government and the users.

Figure 1.1: Setting of Second Chance Recovery Centre

Source: secondchancerecoverycentre.ca.

Skhumbuzo Jele initiated the SCRC in July 2010. He was a minor, supported by his mother. Originally this place was an old age home. The building was converted into a halfway house to deal with drug concerns in Mamelodi West (Mgadi, 2016). According to Nandi Mayathula-Khoza, Gauteng MEC for social development, Mamelodi is one of the communities hardest hit by drug abuse. This centre aims to help people stop using drugs, through counselling and treatment (Mgadi, 2016).

1.7 Chapter outline

The chapters are outlined as follows:

- **Chapter 1:** introduces this study by indicating the study background, the research problem, and the research setting, the significance of the study, the aims and the objectives of the study.
- **Chapter 2:** reviews the literature related to this study.
- **Chapter 3**: focuses on a description of the theoretical framework of the study.

- **Chapter 4:** indicates the methodology, design, data collection method, ethical considerations, and data credibility concerns of this study.
- **Chapter 5:** presents the findings and discussions.
- **Chapter 6:** presents the limitations, recommendations, and study conclusion.

CHAPTER 2: LITERATURE REVIEW ON DRUG ADDICTION AND EXPERIENCES OF CAREGIVERS

2.1 Introduction

The reviewed literature is presented in Chapter 2. It includes the global and local trends in the literature on substance abuse, rehabilitation, and the challenges of providing care to drug addicts. Essential information was established in global literature, which was absent in the local literature regarding the challenges of caregivers in the rehabilitation centres.

2.2 Substance abuse

Substance abuse remains a paramount sociological and psychological global problem. The biggest challenge is how it should be dealt with; this remains problematic for law enforcement agencies in South Africa and globally (Dintwe, 2017). The American Psychiatric Association (APA) (2000) defines substance abuse as a "maladaptive pattern of substance use leading to clinically significant impairment or distress" (p.1). This means that people use a substance in a harmful way which may cause changes in how their brains function and might change their behaviour and body functions. People with a substance abuse disorder may present the following behavioural patterns:

- Failure to fulfil significant role obligations, such as work, school, and home.
- Exposure to hazardous situations, such as drunk driving.
- Legal problems that may arise because of substance abuse or increased risk-taking behaviours, such as an argument or physical fights (Sahu & Sahu, 2012)

The physical signs of substance abuse may include abrupt weight changes, bloodshot or glazed eyes, dilated pupils, reduced physical coordination, and unusual body odour (Masiko & Xinwa, 2017). According to Tshitangano and Tosin (2016), substance abuse is associated with suicide, depression, and unplanned sexual activity, which may lead to sexually transmitted diseases, personality disorders and unintentional injuries.

Substance abuse in South Africa remains a problem; drug consumption is estimated to be twice the global norm (Parker, 2018). In South Africa substance such as alcohol, tobacco and cannabis

are commonly used by children and adolescents. They are the major causes for school dropout, violence in school, crime, violence, mental and physical health problems (Morojele et al., 2012).

The youth involved in criminal actions are more likely to be using substances (Parry et al., 2004). Adolescents using substances frequently are more likely to experience multiple violent acts than those who rarely or never used (Morojele & Brook, 2006). A study in police holding cells in Cape Town, Durban and Johannesburg of 999 arrestees established that those under the age of 20 years were more likely than arrestees of other ages to test positive for drug abuse. This included cannabis, Mandrax, cocaine, amphetamines, benzodiazepines and opiates. (Parry et al., 2004).

Furthermore, substance abuse is associated with gender-based violence and sexual risk behaviour (Pitpitan et al., 2013). Studies indicated that 45% of men and 20% of women were drinking during episodes of intimate partner violence. Gender-based violence is five times higher in relationships where one or both partners abuse alcohol (Xinwa & Masiko, 2017).

The global Covid-19 forced most countries to enter lockdown. The lockdown had implied restrictions. In South Africa and certain countries globally, one of the restrictions was the ban of alcohol and tobacco; this was crucial to eliminate or to try to reduce the overwhelming burden of the healthcare system (Human Science Research Council, 2020). The HSRC further states the banning of alcohol and cigarettes negatively affected some of the users. Some South Africans brewed their own beers and purchased alcohol illegally. People died because of amiss homemade alcohol brewing. For example, a couple from the Western Cape died because of the homemade beer. The mixture had pineapple, fruit mixed with yeast and sorghum. They consumed homemade ginger beer containing pure alcohol (SA People News, 2020).

2.3 The difference between drug abuse and drug dependence

Drug abuse leads to drug addiction developing into tolerance and dependence. When a user increasingly needs a substance to achieve the desired effect, drug dependence develops (Sahu & Sahu, 2012). Table 2.1. below provides an overview of the differences between drug abuse and drug addiction:

Table 2.1: The difference between drug abuse and drug dependence

Drug abuse	Drug addiction/Drug dependence
Drug abuse is defined as the habitual taking of illegal drugs (Oxford Living Dictionary, 2017).	Drug addiction is defined as a chronic, relapsing brain disease characterised by compulsive drug seeking and use, despite harmful consequences (National Institute on Drug Abuse, 2020).
DSM-V describes drug abuse as a maladaptive pattern of using the above drugs leading to clinically significant impairment or distress, manifested by one or more of the following within 12 months (Keane et al., 2006):	Addiction is termed as substance dependence by the American Psychiatric Association and is described: 'a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following within 12 months' (American Psychiatric Association, 2000).
Recurrent use leading to failure to fulfil major role obligations for example work, school and home.	Tolerance: a need for increased amounts of a substance to achieve the desired effect or a diminished effect with ongoing use of the same amount of substance.
Recurrent use in situations where it is physically hazardous such as drunk driving.	Withdrawal.
Repeated substance-related legal problems.	The substance taken in larger amounts over longer periods than was intended.
Persistent use despite recurrent social/interpersonal problems caused or exacerbated by the effects of a substance such as an argument with a spouse or engaging in physical fights.	Persistent desire or unsuccessful efforts to cut down or control use.
	A great deal of time spent in activities relating to obtaining the substance, using the substance or recovering from use.
	Significant social, occupational, or recreational activities are given up or reduced because of use
	Use continued despite knowledge of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by the substance.

2.4 The risk factors of drug dependence

The following are the risk factors for drug dependence:

- **Early initiation**

People who attempted to or used substances before the age of 15 are more likely to drug dependence than those who started in their late 20s. This might also affect their academic performance and mental ability. This might lead to developing a mental disorder, such as conduct disorder, attention defiant disorder and impulsivity (Meyers & Dick, 2010). Studies established that 18 to 30 years' old admitted to treatment programmes for addiction used drugs before the age of 17 (Kempen, 2018). For example, waiting until the legal age, 18 in South Africa, to consume alcohol may reduce the risk of substance dependency.

- **Heritability**

Multiple studies were conducted on substance abuse and heredity. These studies identified heritability as an important personal risk factor for developing uncontrollable craving when using the substance, with a high dependency rate (Spickard, 2018). Children with parents who are addicts are eight times more likely to drug and substance addiction, should they attempt using it, unlike children from substance-free households (Mordey, 2015).

- **Peer influence**

Peers have a greater influence than parents on adolescent drug use (Brook et al., 2006). When adolescents start using substances, they are more likely to associate with a peer using drugs. Conversely, this may increase the chances of maintaining and increasing drug involvements (Brook et al., 2006). Feeling isolated, bullied, and feeling left out are some of the contributing factors for children to use a substance (Mordey, 2015). For instance, the fear of rejection and the desire to fit in also contribute to the continued use of a substance.

- **Family and home**

Home environment and family members' health are the largest risk factors for addiction (Mordey, 2015). A family with extreme conflicts, marital problems, child neglect, and conflicted parent and child relationships may predict early substance use and dependency (Brook et al., 2006). Parental discipline also plays a role in the use of a substance for adolescents. Parents who use power assertive techniques of discipline may result in drug use (Brook et al., 2006). Children exposed to a healthier and loving environment and fair discipline, where open communication is practised, linked to a low level of substance use. For example, if the parent introduces open communication where a child can express their emotions with no fear, the child is less likely to use a substance.

- **Mental illness**

Childhood psychopathology is also a risk factor for substance abuse later in life, (Brook et al., 2006). People suffering from mental illness, such as depression, stress, personality disorder, hyperactivity disorder and post-traumatic stress disorder are more likely to develop a substance abuse disorder as a coping mechanism, therefore, having a dual diagnosis (Mordey, 2015). The usage of prescribed drugs might ease the symptoms of a mental illness. Some of the prescribed medication, such as antidepressants, is addictive. The continued use of such medication might contribute to substance dependency.

For instance, a patient with a dual diagnosis of mental illness and addiction finds it hard to become sober and to start a new beginning (Spackard, 2018). The aforementioned risk factors might have contributed to nyaope addiction in South Africa.

2.5 Opioid use disorder

Substance use disorder is classified under diverse disorders, such as nicotine use disorders, alcohol use disorders, marijuana use disorders, cocaine use disorders and opioid use disorders. This study focused on opioid use disorder. Opioids are a class or drugs naturally found in the opium poppy plant and that work in the brain to produce a variety of effects (National Institute on Drug Abuse, 2020). For example, include drug such as nyaope and heroine. People with opioid use disorder often experience problems with other substance abuse including alcohol, cocaine and cannabis (Bawor et al.,2017). Opioids are usually obtained on the illegal market but may also be purchased

from physicians by falsifying or exaggerating a medical concern (Van der Walt, 2016). Individuals with opioid use disorder spend most of their time in activities involving using, recovering, or obtaining opioids. This results in forsaking important social and occupational activities. Individuals with opioid use disorder often develop continued responses to drug-related stimuli. These responses contribute to the cause of relapse, are difficult to extinguish, and typically persist long after detoxification is completed (American Psychiatric Association, 2013). The following are diagnostic criteria for opioid use disorder:

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a year:

- Opioids are often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving, or an ardent desire or urge to use opioids.
- Recurrent opioid use failing to fulfil major role obligations at work, school, or home.
- Continued Opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations where it is physically hazardous.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by the substance. Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
  - A markedly diminished effect with continued use of the same amount of an opioid.
  - Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
- Withdrawal, as manifested by either of the following:
  - The characteristic opioid withdrawal syndrome.

- Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

2.6 Nyaope

According to Mokwena and Fernandes (2014), "Nyaope is a novel psychoactive product commonly abused in South Africa whose unprecedented dependency is not fully understood. Novel psychoactive substances (NPSs) or designer drugs are an ever-increasing group of compounds, which may be synthetic or natural" (p.42). This signifies nyaope as a drug with various ingredients mixed to concoct this one drug. The drug ingredients differ for each region or each dealer. Conversely, Khine et al. (2015) define "nyaope is highly addictive, dangerous and street drug" (p.50). For example, one of the drug users in a YouTube video explained how nyaope destroyed his life.

He is the father of two and because of the drug his girlfriend left him, and he lost access to his children. He is not respected in the community anymore, even though he tried to stop. The withdrawal pains are unbearable, and they forced him to return to the drug. He mentioned that because of the high unemployment rate in South Africa, this is a way to numb his pain of being unable to provide for his family. The video also includes an interview with a drug dealer. He mentions that this is a way to pay the bills and he knows the drug is dangerous, but he has to eat, therefore, he sells nyaope. They also bribe police officers. This helps their business to keep running (BBC News Africa, 2019).

Magadla (2017) explains that nyaope dealers are found all around South Africa. The police indicated that it is difficult to catch the nyaope dealers and nyaope users. For instance, the nyaope dealers include the victims, students and Nigerian. Users start as dealers in some instances. This leads them to take the drug, becoming addicted (Magadla, 2017). In Rustenburg, six buildings were torched by community members. They believed that there were dealers living in these buildings. Two houses were also set alight. These were alleged dealers' houses. The three Nigerian nationals were also attacked because it was assumed that they sell nyaope to the residents (Hlatshaneni, 2018). Nyaope is highly addictive and dangerous, therefore, the recovery rate is inadequate (Cronje, 2018). The user feels excited, explained as being high, followed by sensing drowsiness and relaxation. This is similar to the effects of heroin (Comer et al., 2005).

Continued use of the drug is associated with the user developing tolerance and addiction to the drug. This leads to using the drug daily and more frequently. This ensures maintaining the same level of 'high' that was experienced when they started using the drug (Ghosh, 2013). Drug dependency is difficult to reduce or stop because users experience physical pain (Ghosh, 2013). As stated by Baloyi (2017), the pain is described as "worse than labour pains" (p.4). The pains are referred to as withdrawal symptoms, such as perspiration, stomach cramps, throwing up, a runny stomach and feeling paralysed (Baloyi, 2017).

2.7 Rehabilitation centre

Alcohol in 1600s to 1700s was an integral part of the native American, introduced by the European colonist. Americans had no structure to control drinking or its effects (Henninger & Sung, 2014). The level of alcohol consumption increased throughout the years and became uncontrollable. The elders of native America realised that the European used alcohol to obtain more goods from the Americans. In the 1800s and 1900s, individuals suffering from alcohol addiction were housed in various locations (Henninger & Sung, 2014). Benjamin Rush, later in the 1800s, proposed that a sober house be used to treat alcohol addiction through medical, religious, and moral instruction. (Henninger & Sung, 2014).

In the 1900s to 1980s, drug treatment was introduced. In America, drugs were legal until the Harrison Act in 1914, which regulated and taxed the production, importation and distribution of opiates and coca products. The number of admissions in drug treatment facilities increased from 1914 to 1929. The therapy and detoxification were used to assist people with drug problem. (Henninger & Sung, 2014). The objective of emphasising the historical background of rehabilitation centres is to indicate that the development of rehab centres is not something new but was started a long time ago. Although there might be some differences in how rehab centres operated before.

2.7.1 South African Act for Prevention of and Treatment of Substance Abuse Act 70 of 2008

The Prevention of and Treatment for Substance Abuse Act (70 of 2008) defines rehabilitation as a "process by which a service user is enabled to reach and maintain his or her own optimal physical, psychological, intellectual, mental, psychiatric or social functional levels, and includes measures to restore functions or compensate for the loss or no function" (p.1.). The objective of the 2008 Act is to:

- Combat substance abuse in a coordinated manner.
- Provide for the registration and establishment of all programmes and services, including community-based services and those provided in treatment centres and halfway houses.
- Create conditions and procedures for the admission and release of persons to or from treatment centres.
- Provide prevention, early intervention, treatment, reintegration, and aftercare services to deter the onset of and mitigate the impact of substance abuse.
- Establish a central drug authority to monitor and oversee the implementation of the National Drug Master Plan.
- Promote a collaborative approach amongst government departments and other stakeholders involved in combating substance abuse.
- Provide for the registration, establishment, deregistration and disestablishment of halfway houses and treatment centres (Prevention of and Treatment for Substance Abuse Act 70 of 2008).

One of the objectives of this act was to gain knowledge on conducting the rehabilitation centres and identifying eligible persons to run a rehabilitation centre. According to the Substance and Prevention Act (70 of 2008), Section 6 states that "no person may establish or manage any treatment centre maintained for the treatment, rehabilitation and skills development of service users or where such persons receive mainly physical, psychological, spiritual or social treatment unless such treatment centre is registered in terms of this section" (p.15).

This indicates the person who would like to open a treatment centre may not be receiving treatment of any sort. Furthermore, The Presidency (2009) explains that the person in charge (manager) of the centre should be a medical practitioner, social worker, psychologist, nurse, or psychiatrist. That means if the person managing the centre does not fall under the aforementioned categories the application cannot be considered to establish the rehabilitation centre.

2.7.2 Diverse types of rehabilitation centres

Several types of rehabilitation centres exist. Depending on the individual need, the centre employed for this study is a halfway house. The residential 24-hour service ensures safe-keeping for six to twelve months with ongoing treatment. The outpatient's facilities are more used by individuals attending work or school. The halfway house is a home for recovering addicts after enduring the intense six-month treatment, this is intended for a full recovery. Lastly, individualised treatment specifically designed for the individual's needs. Below are the four types of rehabilitation.

- **Residential**

The National Institute on Drug Abuse (2018) states that residential treatment provides 24 hours a day, in non-hospital settings. This is a best-known residential treatment model with a stay between six and twelve months. The National Institute on Drug Abuse contends that treatment is structured with activities designed to help residents examine damaging beliefs, self-concepts, and destructive patterns. It also assists them in adopting new, harmonious, and constructive ways to interact with others. These help residents develop skills that will progress to employment when they have completed the programme.

- **Outpatient**

Outpatient treatment varies in the types and intensity of services offered. Treatment is often more suitable for employed individuals, costing less. In several outpatients' programmes, group counselling and education can be a major component (National Institute on Drug Abuse, 2018). Treatment is available six to eight hours daily during the workweek. Outpatient treatment is also designed to treat patients with medical or other mental health problems.

- **Halfway house**

A halfway house is a transition between inpatient treatment and life in the community. Its objective is to promote social support for substance dependents who will benefit from a supportive treatment structure in a sober environment (Reis & Laranjera, 2008). The centre provides counselling, teaches necessary skills to the user, encourage users to do community work and prepares them for reintegration into society by attending of twelve-step meetings to prevent the user from relapsing (Fletcher, 2013).

Polcin and Henderson (2008) identify characteristics for Sober Living Houses (SLH) as that for the residents living in an alcohol and drug-free environment, there is no formal treatment service. Attendance of the 12-step is encouraged; compliance with the house rules is required, such as maintaining abstinence, paying rent and additional fees, and participating in household activities. It is the resident's responsibility to pay rent and other costs unless it is government-owned. Residents can stay as long as they wish, provided they comply with the house rules (Polcin & Henderson, 2008).

- **Individual treatment**

The National Institute on Drug Abuse (2018) states that the individual treatment plan is person-centred. It includes strength-based approaches focusing on individual strengths, resources, and the ability to recover. The individualised treatment plan should include personal information, physical and mental health problems, and trauma history. This increases the likelihood of successful treatment. Throughout the treatment, an individual should be reassessed to determine their response to treatment and determine if it should be adjusted or remain the same.

2.8 Relapse and integration of drug addicts to the community

Substance abuse is a serious public health concern with severe consequences. It is a social, economic, and public health problem. It causes significant damage to physical and mental health, resulting in job loss, broken families, and involvement in criminal activities, destruction of social harmony and contracting drug-injection related viruses (Vorma et al., 2013). The relapse rate in South Africa can be as high as 80% (Gomba, 2013). Due to the rapid physical and mental

dependency caused by psychoactive substances, the majority of drug addicts' relapse after detoxification treatment (Rong et al., 2016).

Attributable to the unknown contents of nyaope, the treatment strategies and rehabilitation support may be difficult to achieve (Khine et al., 2015). Studies indicated that relapse is the result of interaction amongst numerous factors, including external environmental concerns, such as natural environmental factors, and social environmental factors. Factors also include individual concerns, such as genetic predisposition and personality characteristics (Hao et al., 2013).

Reintegration into the community is daunting for drug addicts. Mending broken relations with their families and communities, and lacking aftercare following treatment complicates it for the users to reintegrate back to the society. They lack the necessary skills to fully integrate into society. A lack of trust impedes the community or parent to accept them (Mahlangu, 2016). Drug abuse increases the possibility of losing employment and leads to difficulties with reintegration into society (Mokwena & Morojele, 2014).

2.9 Caregivers

Diniz, et al. (2017) defined a caregiver as

> "being the person responsible for caring for a sick or dependent person, facilitating the performance of their daily activities, such as feeding, personal hygiene, providing routine medication and accompanying them to the health services, or performing other things required in their daily lives" (p.3790).

It means people depends on caregivers for physical and psychological support. Caregivers spend most of their times caring for their patients, whilst providing other wide range of activities such as employment and caring for other family members (Reinhard et al., 2018). The caregiver's role is not limited to the health of a patient; they also must perform other activities that the patient cannot fulfil. These may include, doing their chores, running their errands and/or financial management.

The rehabilitated individual may need an informal caregiver to take over the responsibility of the formal caregiver whilst at home. The informal caregiver may be a friend, family member or a

helper receiving a small fee. Formal and informal caregiving is explained further. Informal caregivers are more likely to be family members. It may be an adult child or spouse, although friends, neighbours or extended family may fulfil the role. The informal caregivers are mostly female, aged of twenty-five and older and mostly unemployed (Kepic et al., 2019). Whereas formal caregivers are health care professionals such as doctors, psychotherapists, nurses, community health workers, professional caregivers and/or social workers (Bevans & Sternberg, 2012). The caregiving is usually done in a professional space such as a rehabilitation centre, clinic, or hospital. However, some individuals who require care may pay for caregiving services. This may mean that a health care professional will come to the care recipient's home and provide care at home (Kepic et al., 2019).

2.9.1 Adverse effects associated with caregiving.

Whilst caregiving may be fulfilling to some it is demanding and overwhelming for most individuals. Bauer and Sousa-Poza (2015) explain that caregiving may have a positive impact, for instance, caregivers reported feeling fulfilment, enjoyment and companionship. Caregiving can still be demanding and a burden to most caregivers; their work demand can be overwhelming. Caregiving is associated with depression. It affects individuals' mental, financial, spiritual and physical health (Collins & Swartz, 2011).

Caregivers often neglect their health care leading to low-quality care or reduced care supply (Bauer & Sousa-Poza, 2015). Due to the time spent on caregiving, caregivers do not take care of their lifestyle (diet and exercises), which may affect their immune system and their health (Bauer & Sousa-Poza, 2015). Kang'ethe (2010a) also states that most of the caregiver's experience signs of burnout, manifesting itself as insomnia, chronic fatigue, a loss of confidence and anxiety, therefore, affecting both their work and social life. This might mean low job performance and satisfaction, therefore, affecting their productivity, finances and possibly low recovery for the care recipient and the caregiver (Sheth, 2005).

2.9.2 Coping strategies of the caregivers

The following indicates the coping strategies of caregivers:

- Emotion-focused coping includes those strategies to regulate one's stressful emotions, such as substance abuse, crying about it, emotional ventilation.
- Problem-focused strategies that involve acting on the environment, such as talking to someone on ways to solve one's problems, writing about one's problems, and sharing emotions.
- Primary control coping strategies are aimed at directly altering objective conditions, such as problem-solving and emotional expression.
- Secondary control coping strategies are strategies focused on adaption to the problem, such as acceptance (Dubow & Rubinlicht, 2011).

Lu et al. (2015) further identifies the following coping strategies:

- Negative coping strategies are those that help one avoid stress such as denial, withdrawal, distraction, or avoidance of life problems.
- Positive coping strategies are those that help one manage one's stress this can be environmental or personal.

2.10 Chapter summary

This chapter reviews and discusses substance abuse in South Africa; the impact of substance abuse and how substance abuse affects young people; the challenges of caregivers; types of caregivers; rehabilitation centres and the different types of rehabilitation available; and nyaope and its effects on individuals. This chapter focuses on local and global literature.

CHAPTER 3: THEORETICAL FRAMEWORK OF THE ECOLOGICAL SYSTEM THEORY

3.1 Introduction

Chapter two provided an overview of the literature review. A discussion of the various rehabilitation centres in South Africa was provided, including issues of substance abuse, opioid disorders, differences between drug abuse and drug dependence and challenges experienced by caregivers. Chapter 3 was the description of Ecological System Theory and how this theory was applied in this study.

3.2 Bronfenbrenner's Ecological System Theory

This study employed Bronfenbrenner's Ecological System Theory as a fundamental framework. The Ecological System Theory was changed several times since its inception in 1970. Several scholars misrepresented the theory and assumed it had to do with the development of a child. The theory, however, concerns how human development occurs and how the environment influences humans (Rosa & Tudge, 2013).

Bronfenbrenner later reformulated his original ideas and put more emphasis on what he termed proximal process. The process involves a transfer amongst the developing individual and other individuals, objects, and symbols in the immediate environment (Bronfenbrenner & Evans, 2001). This could mean that the development of an individual is not only influenced by the surrounding environment, such as parents, friends and teachers, but also by the objects surrounding them, such as video games, toys, sports or ball activities. This theory was considered appropriate for this study. It assisted in elucidating the caregivers and their experiences within the ecological system. Bronfenbrenner (1979) identified five levels of Ecological System Theories indicated in Figure 3.1 below to comprehend their direct and indirect effect on human development.

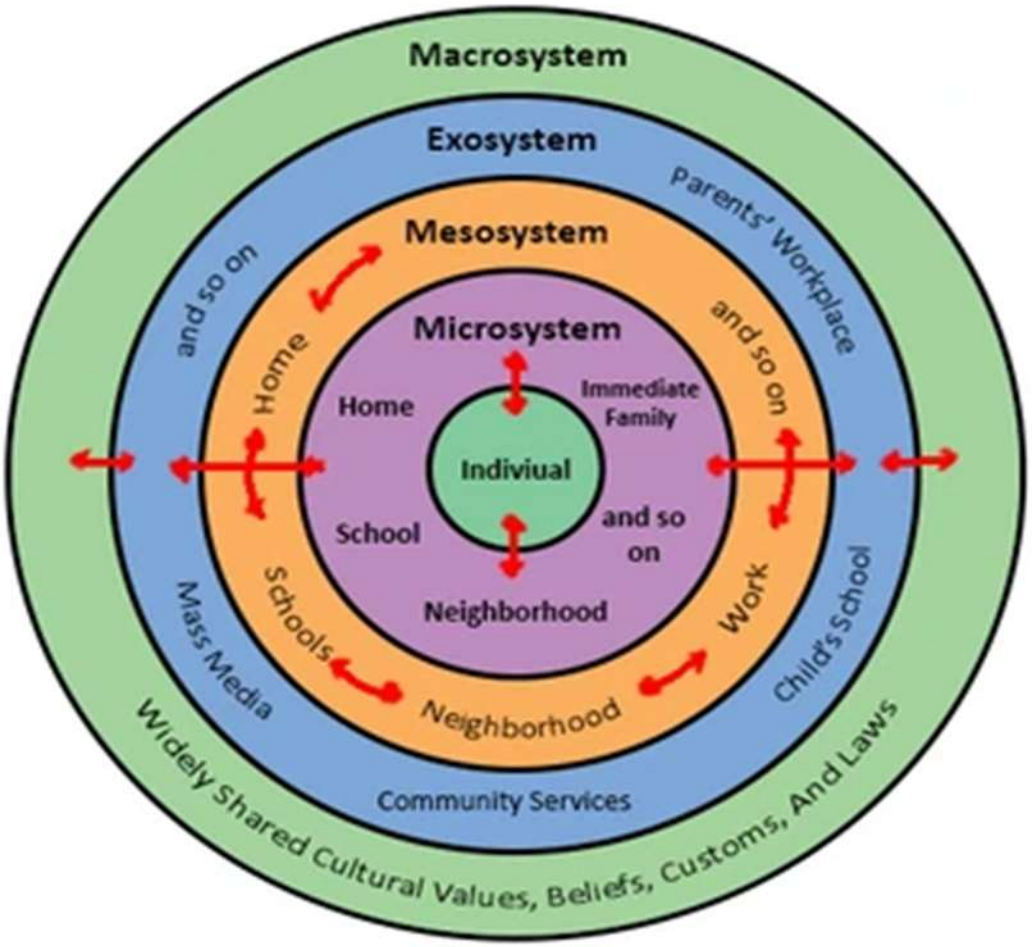

Figure 3.1: Ecological System Theory

(Source: www.psychology.wikia.org)

Microsystem is the closest to the individual and has a direct influence on individual development. It includes all the other people that the individual has an immediate interaction with such as friends, family, and individuals in the school. For example, the child's interaction with his/her family, friends and classmates will influence how the child grows. A nurturing and more supportive interaction will foster a good development and an abusive, neglecting interaction might affect the child's development.

- **Mesosystem** conversely, is a combination of two or more systems in an individual's life, meaning that it links the individual's parent and his/her teacher. Mesosystem is where a person's individual microsystems do not function independently but are interconnected and assert influence upon one another. For example, if the teacher and parent use different disciplines for the child it might affect or confuse the child.
- The **exosystem** defines the larger social system where the individual does not function directly. This level has an indirect influence between the individual and the systems. A town council is the best example for this system; its decision may influence an individual's life even though it has no direct contact with the individual.
- The **macrosystem** is the furthest level in the individual's environment. It comprises large-scale societal factors that have an impact on the lives of individuals such as cultural values, socio-economic position, ethnic group, and gender role in the environment which may influence individual behaviour. For example, when a child grows up in poverty, he/she has more responsibility than other children his/her age. He/she has to start working at a young age or take care of his/her siblings.

3.2.1 Application of the theory in the study

The challenges and coping mechanisms that caregivers encounter are explained employing the microsystem, the mesosystem and the exosystem. According to the microsystem, the caregivers collaborate closely with the beneficiaries and spend most of their time with beneficiaries (Bronfenbrenner, 2005). The beneficiaries are the recovering addicts at the centre; they have direct contact with the caregiver. Their behaviour and how they respond to the treatment influence the caregivers' duties and how they cope with work demands.

The mesosystem states that the caregiver is influenced by the close environment and by the surrounding environment, such as family, the family of beneficiaries or the centre (Bronfenbrenner, 2005). Family support is an essential part of the beneficiaries' recovery should the support be unavailable, which may affect the recovery of the beneficiaries. This, therefore, causes a low recovery rate and a work demand increase for the caregivers (Alexis,2019).

The exosystem defines the larger social system where the caregiver does not actively participate but which has a profound influence on them. This level has an indirect influence between the caregiver and the systems (Bronfenbrenner, 2005). The rehabilitation centre sponsors are the best example of this system; their decisions may influence the rehabilitation centre even though they have no direct contact with the centre. Should the centre lose its sponsors it could result in the centre reducing the number of beneficiaries it admits. The resources will also be limited, affecting the beneficiaries and the caregivers' work.

3.3 Chapter summary

As discussed in this chapter. The theory refers to the different levels in the ecological system and its application in the study. The next chapter outlines the method used to collect data; the methodology guiding the study; the paradigm guiding the study; the sampling technique employed for the study; and the ethical concerns protecting the researcher and the participant.

CHAPTER 4: QUALITATIVE RESEARCH ON EXPERIENCES OF THE CAREGIVERS

4.1 Introduction

The research methodology employed for this study is outlined in this chapter. The researcher elaborated on the research design, data collection methods, and the recruitment process of the participants. It discussed important aspects of maintaining credibility and trustworthiness. Ethical concerns and obligations considered and implemented in this study are also discussed in sections elaborating on the recruitment and data collection processes.

4.2 Qualitative research approach

The study employed a qualitative research approach. Wagner et al. (2012) state that the qualitative research approach concerns understanding the processes and the social and cultural context, shaping various behavioural patterns. It strives to create a coherent story through the eyes of those who form part of that story; to understand and represent their experiences and actions as they encounter, engage with, and live through situations (Wagner et al., 2012). Qualitative research focuses on non-numerical data. Data are analysed inductively building on general themes. An interpretation is made of the meaning of the data (Creswell & Creswell, 2017). The qualitative research approach was employed to obtain rich and in-depth information from the participants about the experience of working with nyaope addicts. This includes the resources and support needed to assist the health workers with their experiences and challenges as they work with nyaope addicts. According to Wood (2020), the primary features of qualitative research are as follows:

- A focus in a natural setting - It concerns life as it is lived and, on a situation, occurring daily. It followed lived experiences in real situations. The natural setting in this study was the rehab centre as the caregivers were interviewed as part of the data collection.
- An interest of meaning, perspective and understanding- the researcher seeks to find meaning in what the participant is saying, how they interpret the situation and their perspective on concerns. A platform was created, allowing the caregivers to communicate their experiences in the rehab centre and explain how they perceive the challenges in the centre.

- The emphasis on process- research is interested in how understanding is formed, how meaning is negotiated, how new roles are developed and how policy is implemented and formulated.
- Inductive analysis and grounded theory- qualitative researcher do not start with a theory, however, they use a theory to test their study. They seek to generate theory from the data.

4.3 Research design: Case study research design

The study employed a case study design. The case study design emphasizes the nature of inquiry as empirical, and the importance of context to the case (Yin, 2014). Case studies employ an in-depth exploration from multiple perspectives of the complexity and uniqueness of a project, policy, institution, programme, or system in real-life (Simon, 2009). Case study research facilitates exploring a phenomenon in its context, employing various data sources (Baxter & Jack, 2008). In this study, the case study was employed to obtain an in-depth understanding of the challenges and coping mechanisms of caregivers caring for nyaope addicts at SCRC.

The difference between single and multiple case studies is important, to decide which to use. “A multiple case study enables the researcher to explore differences within and between cases. The goal is to replicate findings across cases” (Yin, 2003). A single case explores and acquires information from a direct and single instance of the phenomenon (Yin, 2003). The type of case adopted for this research is the single case study. This is because the sample size is small, allowing an in-depth and detailed understanding of the phenomenon - the challenges and coping mechanisms of caregivers caring for recovering addicts.

4.4 Population and sampling

The research population is a collection of individuals known to have similar characteristics. Research is for the benefit of the population (Hasaam, 2020). The population of this study is the caregivers at Secondary Recovery Centre caring for nyaope addicts. Due to the enormous size of the population, sampling is relevant in this study as it is impossible to include the entire population (Alvi, 2016). The sample of the population must represent the population. Etikan et al., (2015) define a sample as “a portion population” (p.1). The participants were purposely selected, comprising six caregivers, indicating five females and one male. The age group of participants is

between 28-55. The selected participants were caregivers from the SCRC. The participants all worked at the centre for a year or longer; they all interacted with the nyaope addicts daily. The participants performed distinct roles. There was a one social worker, three clinical assistants, one cleaner and one chef. They were all from African descent and belonged to various ethnic groups.

Purposive sampling was chosen as it is the deliberate choice of participants due to the qualities the participants possess (Etikan et al., 2015). This means that participants were chosen because they have the same qualities, which are; they are all caregivers of the nyaope users; they know about working with nyaope users; and they were well informed on the culture and environment of the rehabilitation centre. Purposeful sampling is a non-random technique that does not need underlying theories or a set number of participants (Etikan et al., 2015). This is when the sampling size is based on the convenience and judgement of the researcher and does not require theories or formula to determine how many participants should be in the study. The following are the inclusion and exclusion criteria of the study:

T**he inclusion criteria for the study:**

- Worked at the SCRC for a year or more.
- Age group between 28-55.
- Provide care to nyaope addicts (this could be at a different level).

The exclusion criteria for the study included:

- Worked at the SCRC for less than a year.
- Below the age of 18 years.
- Do not provide care to nyaope addicts at the centre.

4.5 Data collection

An interview questionnaire was designed allowing the participants to respond at home and provide feedback. Participants were provided with the pack that included a pen, booklet, and questions. A date for the collection was agreed on. They preferred this method as they did not have time for

face-to-face interviews. Their responses provided through this process were, however, insufficient, as a result the participants were requested for the face-to-face interviews and they agreed. An interview time and interview venue were agreed on. All participants completed the informed consent form to voluntary agree to be part of the study.

Manti and Licari (2018) define informed consent as "a voluntary agreement to participate in the research, it is a process where the participants understand the research and its risks" (p.145). It took six weeks to collect the data from the participants. The interviews were conducted in their native language. Semi-structured interviews were employed. According to Dejonckheere and Vaughn (2019), the interview allows the researcher to collect rich information and to explore the thoughts, feelings, and beliefs of the participants about their challenges. This interview method allows the researcher to probe and ensure that participants can freely share the information with the researcher (Harrel & Bradley, 2009).

4.6 Data analysis

The study employed a thematic method analysis to achieve conclusive accounts that accurately respond to the research question. The thematic analysis provides accessible and systematic procedures for generating codes and themes (Clarke & Braun, 2017). Data analysis techniques and guidelines were applied, identified by Braun and Clarke (2012).

4.6.1 Phase 1: Familiarising yourself with the data

This phase involves immersing yourself in data by reading, rereading, and listening to the audio recording (Braun & Clarke, 2012). The researcher transcribed the audio recording, which allowed the researcher an understanding of the participant's language in order to fully comprehend his/her experience, which was achievable through repeated reading and detecting of relevant information.

4.6.2 Phase 2: Generating initial codes

At this phase, the researcher begins the systematic analysis of the data through coding, taking the research question into consideration. Coding identifies and provides labels for a feature of data; codes may also provide interpretation about the content of the data (Braun & Clarke, 2012). This

allowed establishing sentences and phrases relevant to the research question and to come up with codes to describe the content.

4.6.3 Phase 3: Searching for themes

Braun and Clarke (2012) explain themes as patterns of shared meaning across data items, underpinned or united by a central concept. This phase included a search for themes and subthemes. Themes are usually broader than codes. It involved checking the coded data to identify data that can be combined into a single theme and remove themes not relevant enough.

4.6.4 Phase 4: Reviewing potential themes

This phase involved including useful themes and an accurate representation of the data; this is also called quality check (Braun & Clarke,2012). Themes were compared with the whole data set, to check whether themes work concerning the data. Some of the themes were discarded and others were split into several more specific themes.

4.6.5 Phase 5: Defining and naming themes

Herein the researcher defined the themes to state what is unique about them and how the data will help understand the themes. Moreover, the researcher named the themes in more understandable terms (Braun & Clarke, 2012). This made it easier to understand the themes and explain them.

4.6.6 Phase 6: Writing up

The purpose of this phase is to provide a compelling story about data based on the analysis (Braun & Clarke, 2012). The written story makes an argument that answers the research questions, and the themes connect to tell a coherent story, that flows and easier to follow. These help the reader connects to the story and understand it.

4.7 Strategies for trustworthiness in qualitative research

For the study to be trustworthy, it must be credible, transferable, dependable, and confirmable (Shenton, 2004).

4.7.1 Credibility

Shenton (2004) mentions that specific strategies will be employed to establish credibility. Whilst seeking permission to conduct the study at the centre, the researcher was familiarised with the culture of the organisation and established a relationship of trust with the participants. Participants were ensured that they could withdraw from the study at any time to ensure that the participants provided honest data. Triangulation of data collection techniques, data sources and sampling techniques is suggested to compensate for any limitations in each technique. Iterative questioning was used during the interviews to detect contradicting information and limit false data (Shenton, 2004). The researcher went back to the centre after data collection to provide space for additional data (member checking).

4.7.2 Transferability

This concerns the extent to which the findings of one study can be applied to other situations. To ensure the transferability of the research findings, the researcher provided adequate information to allow the reader an understanding of the results and findings and associate them with their own experiences. To inquire about the challenges and coping mechanisms of caregivers caring for recovering addicts in SCRC a detailed research method was employed.

4.7.3 Dependability

Dependability refers to the process in the study that should be reported in detail to enable future researchers to replicate the study, but not necessarily to gain the same results (Shenton, 2004). A thorough description was provided of the research design and how it was implemented, how data was collected and reflected on the project to evaluate the effectiveness of this process.

4.7.4 Conformability

Conformability refers to the measures necessary to help ensure that the work's findings are the result of the experiences and ideas of the informants and not characteristics and preferences of the researcher (Shenton, 2004). The researcher made and kept an audit trail allowing the researcher to record the process of the research and for limitation of the biases, triangulation was employed.

Two types of data collection techniques were employed, and the researcher's supervisor co-coded the themes during the analysis period.

4.8 Research ethics

The ethical standards set by Unisa were maintained throughout the study. The research proposal was submitted to the ethics committee to grant permission and approval to continue with the research. Ethical clearance was issued from Unisa.

4.8.1 Confidentiality

Confidentiality was applied by keeping the data collected with restricted access for 5 years for accuracy purposes and will be destroyed thereafter. The supervisor and the researcher were the only people with access to the raw data. Participants' identities were kept anonymous; they could use pseudonyms. Participants were reminded that they have the right to withdraw from the study at any time without any consequences.

4.8.2 Informed consent

The participants were informed of the purpose and the scope of the study, including the procedures. The participants were requested to complete a consent form, to grant permission to be audio-recorded and to participate in the study. Participation in the study was voluntary. (Please see the appendices for examples of the consent form).

4.8.3 Non-maleficence

The study posed risks to the participants due to the nature of the interviews. The researcher was aware of concerns that could arise from individual interviews causing emotional harm. No unfortunate event occurred that caused psychological distress. The researcher had the contact details and information for the Unisa psychotherapeutic clinic in case the need arises for them to assist the participants with psychological help.

4.8.4 Beneficence

The researcher maintained prominent levels of competency in the work so that the research could be conducted proficiently. The researcher was familiarised with the culture of the organisation to minimise the conflicting situation. The participants were treated fairly and respectably. The participants were informed that they would not receive any direct benefits. The study, however, might help identify the needs and resources available concerning rehabilitation. This could add to the existing knowledge regarding the influence of caregiving amongst nyaope users' caregivers.

4.9 Chapter summary

This chapter encompasses methodological requisites, outlining the research design necessary to respond to the research problem. The researcher conducted a qualitative study, employing a case study research method to respond to the research question about the challenges and coping mechanisms of the caregivers of recovering addicts. A purposive sampling technique was employed. Semi-structured interviews provided the collected data. The six phases for analysing data were discussed, including strategies for the trustworthiness of data described in this chapter.

CHAPTER 5: FINDINGS AND DISCUSSION THE EXPERIENCES OF THE CAREGIVERS AT SECOND CHANCE RECOVERY CENTRE

5.1 Introduction

The literature in this study identified nyaope as a predicament in South Africa, especially in the Black townships. Some nyaope users were admitted to rehab centres to help them deal with nyaope addiction. This study emphasised certain challenges encountered by caregivers at SCRC. This chapter presents the study findings. The literature is employed to support the argument based on the presented findings. The verbatim quotes indicate how the participants feel about their experiences at the SCRC.

5.2 Participant profiles

The following represents the participants' profiles:

5.2.1 Participant 1

Participant 1 is a 28-year-old male; he has been working at the centre for three years. His motivation to work at the SCRC is that he always had a passion for restoring the life of the nyaope addict. Working at the centre assisted with fulfilling his passion. His role includes working in collaboration with a caregiver and auxiliary nurse to co-ordinate the organisation's programmes.

5.2.2 Participant 2

Participant 2 is a 35-year-old female; she has been working at the centre for five years. Her motivation to work in SCRC is that she enjoys meeting people. She was provided with the opportunity to coach and assist users in improving their lives. She fulfils the roles of a social worker and centre manager, ensuring that the staff performs their duties and the well-being of the patients.

5.2.3 Participant 3

Participant 3 is a female; she has been working at the centre for two years. Her motivation to work at the SCRC is that she loves people. She excels in her work. Her roles are caregiving, session facilitator and activities coach.

5.2.4 Participant 4

Participant 4 is a 32-year-old female; she has been working at the centre for two years. Her motivation to work at the SCRC is to help fellow beings encountering the condition of addiction. Her role is to have individual sessions and interactions with patients.

5.2.5 Participant 5

Participant 5 is a 42-year-old female; she has been working at the centre for two years. Her motivation to work at the SCRC is her passion for cooking, she takes it as a gift from God. She is a chef.

5.2.6 Participant 6

Participant 6 is a 55-year-old female; she has been working at the centre for five years. Her motivation to work at the SCRC is that she is a hardworking person and loves collaborating with the people at the centre. She loves working with young men.

Table 5.1: Presentation of themes

THEMES
Nyaope users rejected by their families when returning home from the centre
Rehabilitation centre and lack of resources
Patient relapse impacts negatively on caregivers
Emotionally attached to their patients
Coping Mechanisms of the caregiver

5.3 Nyaope users rejected by their families when returning home from the centre.

Participants identified an enormous challenge with regards to mending broken relations of nyaope users and their families. The nyaope users find it difficult to reconnect with their families as they encounter rejection. It presents a challenge for caregivers. They feel helpless, finding it difficult to persuade the parents to accept these young addicts as the parents have already made up their minds in this regard. The experience of the caregivers about the rejection of nyaope users by their families is expressed in the following quotes:

> "We went to a home to drop or take the beneficiary back home and the father sent us back with his son, nowhere to go and sleep" **(Participant 1)**.

> "they are also rejected by the community they need to gain the trust of the community and their parents." **(Participant 1)**.

> "Yes, I think some parents are just not interested in understanding or support so it's very difficult for us to work only with the child because when the child has to reintegrate into the society they don't get the support they need and it hard for parents to trust their kids again" **(Participant 1)**.

> "Sometimes the child recovers and cope and be alright then we take him home the parents don't want the child it becomes bad on our side we don't know what to do or how to deal with such" **(Participant 3)**.

From the aforementioned comments, it is evident that nyaope users encounter rejection from families, thereby, affecting the caregivers' emotional well-being. It increases their work demand as they encounter challenges obtaining accommodation for the users. Family and community support are crucial for reintegration and rehabilitation (Ndou, 2019). Without the trust and support of family and community, the user finds it difficult to successfully reintegrate into society. The microsystem indicates family as a direct influence on individual development (Bronfenbrenner, 1979). Family and community behaviour and lack of support may influence the users' response to treatment. It also influences their reintegration success into society, therefore, affecting the work of the caregiver. For example, Participant 1 stated that:

> "It was a sad thing to see, especially for the beneficiary after all the work he has done to recover and to be rejected, we felt helpless there was nothing we could do because the father didn't want anything to do with the child because when the child was still using he was stealing from the house so the father lost the trust and found it hard to trust him again or believe that he has recovered" **(Participant 1)**.

Access to basic needs, such as shelter, clothing and food may be difficult without the family's support (Chikadzi, 2017). Molina-Fernandez (2017) states that without social support caregivers would spend time finding an alternative place for the user and this would increase their workload. The biggest failure of deinstitutionalisation is discharging patients to an unsupportive and unwelcoming community (Anthony & Furlong-Norman,2011). The aforementioned participant's quote indicates that the father is unsupportive. He refuses interaction with his child. Parents complained about being victims of theft (by their children) in their own homes. This resulted in a lack of trust in their children (Masombuka, 2013).

5.4 Rehabilitation centre and lack of resources

According to the caregivers, the shortage of staff is a challenge in the rehab centre. Certain tasks are abandoned, compromising the work that they do at the rehab centre. They further state that they always experience exhaustion because of additional tasks.

> "I feel drained because there is no other social worker, at least if there was another one, I would find relieve." **(Participant 2)**.

> "I am here, and I am supposed to be at the school doing awareness, I am going to the radio station later on there won't be anyone doing my job" **(Participant 1)**.

> "Counselling is not easy you need to prepare, you need to have a clear mind for me to have to mix this thing and with 20 voice, so I feel drained because there is no other social worker, at least if there was another one I would find relieve." **(Participant 2)**.

> "Stressful, it's very stressful, it's exhausting, it's suppressing me because I cannot focus, I find it very difficult to focus most of the times because I am everywhere especially when it comes to the social work tasks it becomes difficult," **(Participant 2)**.

> "I have to do a lot of thing by myself, other people already have lots of work to do they do two people's job so I can't ask them for help. It's really difficult getting the message across and finding sponsors too" **(Participant 1)**.

> "It's time, its energy I don't have energy" **(Participant 2)**.

Shanafelt (2002) specifies that overworked caregivers may have low job performance and experience stress-related health problems and low career satisfaction. For instance, Participant 2 indicates feeling drained, working as the only social worker at the centre. Collins (2007) concurs with the statement: 'that there is a shortage of social workers in many statutory settings…" (p4)6.

He further states that there is evidence of stress in social work, limited support, high staff turnover and inadequate resources. Whitehead (2012) confirms that stress can negatively impact on patient's care and affect the recovery time for the patient. Reyre et al. (2017) state that professionals working in drug treatment centres reported elevated levels of psychological distress. This relates to work, resulting in challenges with the establishment of the therapeutic relationship. It might also lead to low-quality care to the service users. Without more staff the caregivers will experience burnout, under-preparedness in various situations, and job neglection; therefore, causing patient neglect. With the increase of nyaope users in the Black townships, patient neglect should be avoided. This might cause a further increase in the number of nyaope users and relapses.

Bronfenbrenner (1979) asserts that the exosystem has an indirect influence on the individual, just like the lack of resources and a lack of staff indirectly affect the workload and work demand of the current staff at the centre.

"It's something that I struggle with to manage my time, I can't really, I can say I am not really disciplined in managing my time." **(Participant 2)**.

"Time is a challenge and deadline and the fact that I don't have an administrator, I don't have an administrator, I don't have a social worker so those things is like I am doing three jobs at the same time so those things its challenging." **(Participant 2)**.

"I try to sleep enough even though there isn't that time to sleep, but I try to sleep enough, I try to take a break now and then. I used to drink energy drinks, but I realised it is not ok and I stopped, but sometimes the energy is not there" **(Participant 2)**.

"I try to make sure that it works other days I knock of late or sleep here if I have to just to get the work done" **(Participant 1)**.

"I don't have a social life, honestly speaking I don't have a social life because these two jobs and school again" **(Participant 2)**.

"I have recently been trying to reduce the intake of energy drinks I now drink lots of water and rooibos tea I drink energy one once a week I used to take 4 energy drink" **(Participant 1)**.

These comments indicate that they are not coping well. These experience affects their sleep and social life. They depend on energy drinks to keep them going. Kang'ethe (2010a) supports their statements, indicating that the constant demands of the job may cause caregivers to neglect friends, interests and activities that once provided them pleasure. Bemelmans et al. (2011) further state that due to the work demand, caregivers lack adequate time and energy to care for themselves. They are, therefore, neglecting their self-care (sleep deprivation, socialising, nutrition, and physical activities).

It can lead to developing a bad habit that could negatively impact on their health, such as smoking, overeating, and excessive alcohol consumption to help them cope. The participants indicated an attempt to reduce their intake of energy drinks. The participants neglect their social life; they spend most of their time at work. This also affects their physical and psychological well-being. Another challenge experienced by participants was the lack of finances. Participants emphasised that a lack of finances at the centre made it hard for them to conduct their functions successfully. The lack of sponsors and funds complicates engaging assistance, advertising the centre, and creating

awareness. They can, therefore, not establish debriefing from a professional psychologist; they rely on one another for emotional support.

> "Financially we don't have enough sponsors we don't have enough money at the centre as it we have one car; we don't have money for advertisements to make awareness for people to know about the centre or know what we are doing" **(Participant 2)**.

> "We don't have the resources such as pamphlets, posters and banners we don't have a car to do rally and money too and we don't have people helping us getting the message across to the school and community" **(Participant 1)**.

> "It's a bit difficult sometimes because others will want more food, whilst the food I prepared is finished. The management telling me how much food or groceries I must use" **(Participant 5)**.

> "Yes, it helps, but I would prefer to talk to an outsider, neutral person I would like to talk to someone neutral but because I am always here, I talk to my colleagues" **(Participant 3)**.

> "We need manpower, resource, money and new programmes" **(Participant 1)**.

> "Yes, we need more resources and manpower and that need a money, on the other hands that makes it difficult to do my job." **(Participant 1)**.

The participants were forced to afford what they have, to assist the patients and to ensure a workable environment. The aforementioned statement confirms that finances cause a strain in the participant's work. The health department does not prioritise rehabilitation; their main objectives are preventive and curative care. Due to the latter, the rehabilitation is excluded in the health financing and planning processes (World Health Organization, 2018). It, therefore, constrains managing the rehabilitation centre effectively. In addition, a lack of planning and funding indicates limited staff; overworked staff; limited admission; and a shortage of materials to run the centre/rehabilitation. Participants further mentioned that they rely on one another for emotional support, however, they wish they had a psychologist or counsellor helping with their debriefing. Cantrell (2008) asserts that debriefing is important in the learning experience. Feedback and reflection are essential determinants of professional development at all levels. It is integral for personal and professional development. A professional debriefing session is essential and

therapeutic. Some people, however, prefer talking to those who experienced a similar situation, as they are more approachable.

5.5 The negative impact of patients relapsing

Participants described that their patients' relapse holds an adverse effect on them, causing strain and added work. They expressed that the programme is ineffective. They must go back to the screening process to establish the reason for the relapse. The participants also specified that relapse is problematic for them. They established a relationship with their patients and perceiving their relapse is unpleasant.

> "I feel the session we conducting are not enough and the programme that we have already doesn't work for everyone so to help the beneficiaries we need to implement a programme for an individual and individual needs, for example some have experience and have been to various rehabilitation centres, so we need a different programme and different strategy on them" **(Participant 1)**.

> "When the beneficiaries' relapse after treatment, it demoralises and strain because the person was your client or is still your client. Some of them come inside the centre sometimes under the influence of alcohol." **(Participant 2)**.

> "Yes, yes when they relapse is a bad experience, it is a bad experience when they pass away." **(Participant 2)**.

> "Another thing is when they lose their jobs because of relapsing it's also a bad experience because most of the time they come to the centre and say is I have done 123" **(Participant 2)**.

> "Yes, when they relapse it becomes a strain to us" **(Participant 5)**.

> "We have to start from trying to find out the main problem why the person relapses the first person we try to find out, we screen why he relapsed and what is the cause to relapse and we usually do SWOT [strengths, weaknesses, opportunities, and threats] analysis with them so we can work on improving their strength if there and also most of this thing is that they don't know themselves, they don't know themselves which cause the relapse. So, we ask them to do you understand your identity" **(Participant 2)**.

It is apparent from the participants' narratives that relapse causes distress to the caregivers. This, therefore, leads to questioning the effectiveness of the programme. Ndou (2019) concurs with the

participant's statement that relapse creates uncertainty on both the effectiveness of the treatment and the health care professional. Appiah, Danquah and Nyarko (2016) supportively identify a relapse factor as employing ineffective traditional treatment. The substance treatment system in South Africa is reputable. Concern, however, remains about the treatment quality (Myers et al., 2017).

The ineffectiveness of the treatment increases the work demand; the participants described how they must reassess the treatment and establish a special individual solution for patients. The National Institute on Drug Abuse NIDA (2018) explains that relapse in substance abuse should not be treated as a treatment failure. A participant affirmed that relapse causes emotional distress. Some of their patients died due to relapse. Staff who experience more grief were those working longer in the institute, closer to the patients. They show emotional behaviour and crying. Sometimes it influences their work performance (Wilson & Kirshbaum, 2011).

Bronfenbrenner (1979) maintains that the mesosystem encompasses the relationship between two or more settings. The relationship here is between the participants with the users' and the treatment outcome. The participants were affected by the user's relapse, therefore, questioning the workability and the effectiveness of the treatment.

5.5.1 Emotionally attached to their patients

Participants also emphasised that they become emotional when acquainted with their patient's personal stories. They further conveyed that when attached and the patients relapse, it leads to breakdowns. The patient's inability to cope affects these caregivers emotionally.

> "Yes, yes, you are putting me on the spot. I had attachment, I remember when I started in to practice counselling, I had attachment and I learned the hard way, because also having an attachment and that person relapse it break you, it breaks you. It was back in 2016, I started here 2016, like practical's, I have been here before that so when I started this counselling things I used to have then I had to work through it with the previous centre manager she was actually a social worker so had to find a way to work through it. That's why I am saying I learned the hard way; it happened a few times but now its fine" **(Participant 2)**.

> "They are boys they are used to manipulating most of them are from the street and most of them are used to these things they very good at manipulating. You will find yourself doing something you not supposed to do. you find that someone will come, and as may you please lend me Twenty Rands, you might find yourself giving him that Twenty Rands if you don't keep it professionalism, professional. One of the challenges that we struggle with because not everyone, not all of us are social workers like …. is an operational manager she is not a social worker by profession so that attachment is there, so you will need now to deal with it so that we keep it at a distance" **(Participant 2)**.

> "They are easily accessible, sometimes tend to have attachment with therapist." **(Participant 4)**.

> "On my side on the boys when I started, I was very emotional, you come across some challenges whereby the child doesn't cope it gets emotional." **(Participant 3)**.

> "Becoming emotionally attached and allowing individual personal experience to have a mark in my personal well-being." **(Participant 4)**.

> "I have at times become or developed a somehow personal attachment to services users," **(Participant 4)**.

Participants struggle with emotional intelligence and detachment. It was established that professionals collaborating with users may be emotionally involved. They might also experience an emotional drain and have an urge to withdraw from the relationship (Reyre et al., 2017). Empathy towards patients is important, however, the health professional empathises with the problem of their patients, making it personal, therefore experiencing emotional pain for their clients (Bagdonaite-Stelmokiene & Zydziunaite, 2015). Participants shared that personal attachment causes trouble for them. When the patient relapses, it disturbs them as they hold a strong bond with the patient. Whilst being close to the patient might be problematic, Bagdonaite-Stelmokiene and Zydziunaite (2015) aver that this can also be positive; the close relationship helps to establish and maintain a warm and friendly relationship. This also helps the patient to open up with the presence of trust and understanding in the relationship.

5.5.2 Coping mechanisms of the caregiver

Participants indicated diverse ways of coping with the challenges encountered at work. They reported gym, exercising, relaxation and interactions with family and colleagues as well spending

quality time with family and friends, helps them cope. They also reported that being there for each other is constructive for them because they understand each other's challenges.

> "I talk to my mentor or my spiritual father about my stressful work. Most of the times I pray about stressful/demanding situation. I drink energy drink or alkaline ionised water to calm myself at times I drink rooibos tea and cinnamon." **(Participant 1)**.

> "Exercise in order to reduce the tension." **(Participant 2)**.

> "Gym is one of it, I remember it was the sole reason I went back to gym two months earlier on because of this place's stress and the workload., for me it helps" **(Participant 1)**.

> "Praying is the best tool I use to deal with stressful times" **(Participant 3)**.

> "I sometimes lock myself in the room and pray about it or I keep busy" **(Participant 3)**.

> "I have/make quality time with my family (going out and having recreational activities). Go out with friends and socialise and take time to read and study" **(Participant 4)**.

> "I cook quickly and relax a bit" **(Participant 5)**.

> "I usually make jokes with the beneficiaries because I am a person who loves jokes" **(Participant 6)**.

The aforementioned statements indicate that participants display diverse stress coping strategies. They use coping mechanisms that work for them. The Lazarus and Folkman (1984) theory of coping could be divided into two functions. First, the problem-focused coping, seeking support from others to solve the problem. Second, emotion-focused coping focuses on regulating negative emotions to stress such as anxiety, fear, and anger (Skinner & Zimmer-Gembeck, 2016). The problem-focused coping is what some of the participants followed; they seek support from their colleagues or family, assisting them to deal with work stress.

Cognitive avoidance and distraction are another way the participants dealt with their stress. Cognitive avoidance is avoidance to think about the stressor; cognitive distraction is establishing activities to avoid thinking about the problem (Skinner & Zimmer-Gembeck, 2016). Lu et al., (2015) support this, affirming that coping strategies can either be positive or negative. Positive coping strategies can assist in managing stressors. These may indicate environmental, personal, life crisis or personal change. Negative coping strategies, such as denial or avoidance of life

problems, might increase stress. The coping mechanism that individuals choose will determine their perceptions of personal control over a stressful situation. Coping is learned and an inborn communication. This is meant to assist the individual and family to manage stress from the existing environment (Wilder, 2009). This is entwined with Bronfenbrenner's (1979) microsystem. This signifies the immediate environment where a person operates. The participants have their own way of coping with stress. Their environment assists in establishing their own individual coping strategies. Whilst some coping strategies may be negative, they may attempt innovative coping strategies until they establish an effective strategy.

5.6 Chapter summary

The chapter presented the study's findings and relevant literature. The findings revealed that caring for users may be demanding, whilst causing emotional challenges. The participants reported that working with users is challenging. It may affect their emotional and physical well-being. They stated their coping strategies. For instance, strategies are identified as talking to their family, colleagues, and friends, exercising and prayer. The following chapter 6, focused on conclusion, limitations and recommendations of the study.

CHAPTER 6: LIMITATIONS, RECOMMENDATIONS AND CONCLUDING REMARKS

6.1 Introduction

This chapter concludes with the research findings; discusses the limitations and reflects the recommendation of the study. The study's goal was to explore the experiences of caregivers caring for nyaope addicts. This goal was reached by accomplishing research objectives.

6.2 Study limitations

The following are the limitations of the study. The limitations are classified into methodology and literature.

6.2.1 Methodology

The study had six participants. Data were collected in one organisation. No harm was established with a small sample size in the qualitative research approach. Limitations remain, such as the inability to assume that the findings represent all rehabilitation centres in South Africa. This specifically refers to rehabilitation centres focusing on nyaope addicts. During the interviews, the presence of the research conductor could have influenced the participants' responses. The process might have been time-consuming. The methodology employed, assisted in comprehending the challenges and coping mechanisms. These reflect mechanisms employed by the caregiver. The researcher could participate in the study with the ability to be a part of the data collection process. The researcher could also explore and probe where clarity was required.

6.2.2 Literature

A perusal of the available literature around rehabilitation in South Africa focuses on the challenges and coping mechanisms of a caregiver in a disability rehabilitation and HIV/Aids Hospice. Numerous works of literature exist on the experience of nyaope users and the challenges encountered by the users' family and community in South Africa. A divergence remains in the literature for exploring the coping mechanisms employed by staff and practitioners. These include

challenges encountered by nyaope caregivers in drug rehabilitation centres dealing with nyaope addicts.

6.3 Recommendations

The study's recommendations are informed by the study's findings to assist the caregivers at the rehabilitation centres dealing with nyaope addicts.

6.3.1 Recommendations to assist caregivers in the rehabilitation centre.

- Training and workshops for caregivers in rehabilitation centres on team building, peer support and caregiving skills.
- Emotional support for caregivers in rehabilitation centres should be offered by professionals, such as social workers and psychologists.
- The Department of Finance should increase the budget for the rehabilitation centre.
- Government assistance in finding sponsors and investors for rehabilitation centres involvement of the community in the rehabilitation centre should be reinforced.

6.3.2 Recommendations for the reintegration of Nyaope users into the community

Family members and the community need to be educated and prepared. They should be part of the recovery process of the nyaope user. The community and family members should be educated on the reintegration process of nyaope users. Emphasis should be on education and awareness in communities concerning the importance of rehabilitation centres and how they can assist the nyaope users to minimise relapse.

6.3.3 Recommendations to improve the standard of care

- The treatment programme should be designed for individual needs.
- The Department of Sport and Recreation should create recreation activities to keep the youth occupied.
- The Department of Social Development should monitor and evaluate the treatment programme once bi-annually.

- Education on various skills whilst partaking in a treatment programme to assist with finding job opportunities after treatment.
- The Department of Labour and Department of Public Works should assist to develop skills work for the nyaope recoveree.

6.3.4 Recommendations for further research

- More research needs to be conducted on caregivers in a drug rehabilitation centre.
- The current study was small, therefore, other studies are required on a large scale to induce the generalisation of the findings.
- The reintegration of the nyaope users into society needs to be researched to assist with the decrease of the relapse rate in the country.

6.4 Concluding remarks

The study was conducted to explore and understand the challenges caregivers encounter at SCRC. The study interest was especially in comprehending the challenges caregivers encounter whilst caring for nyaope users. The main finding identified that caring has a psychological and physical effect on caregivers. Caregivers establish diverse strategies to solve and cope with their problems. A need, therefore, exists for support and awareness for the caregivers and rehabilitation centres in South Africa. Increased funding from the government for rehabilitation centres is required. This might reduce the relapse of substance abuse and help eradicate the number of substance abuse users in South Africa**.**

REFERENCES

Alexis, I. (2019, January 29). The economic impact of addiction. https://www.rehabcenter.net/the-economic-impact-of-addiction.

Alvi. (2016). A manual for selecting sampling techniques in research. *Munich Personal RePEc Archive*. Doi: https://mpra.un.uni-muenchen.de/70218.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* - text revision (4th Ed.). American Psychiatric Association.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th Ed.).* Psychiatric Association.

Anthony, W. & Furlong-Norman, K. (2011). Psychiatric rehabilitation and recovery. Hhtps://www.bu.edu/cpr/.

Appiah, R., Danquah, S.A., Kingsley Nyarko, K., Angela L. Ofori-Atta, A.L., & Aziato, L. (2016). Precipitants of substance abuse relapse in Ghana: A Qualitative Exploration. *Journal of Drug Issues, 47*(1), 104–115.

Bagdonaite-Stelmokiene, R. & Zydziunaite, V. (2015). Mutual attachment between social work students and clients in professional practice. *European Scientific Journal, 11*,(25-35).

Baloyi, B.P. (2018, June). Nyaope the dangerous Bluetooth craze. *Servamus,* 50-52.

Bauer, J.M. & Souza-Poza, A. (2015). Impacts of informal caregiving on caregiver's employment, health and family. *Journal of population ageing.*

Bawor, M., Dennis, B., Mackillop, J., & Samaan, Z. (2017). *Opioid use disorder* (Chapter 6). In Mackillop, J., Kenna, G. A., Leggio, L., & Ray, L. A. (2017). Integrating psychological and pharmacological treatment for addiction disorder: An evidence based guide (pp 124-147).

Baxter, P. & Jack, S. (2008). Qualitative case study methodology: study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544-559. https://nsuworks.nova.edu/tqr/vol13/iss4/2.

BBC Africa News. (2019, January 28). Saving Jesus from Nyaope-full documentary. [Youtube]. https://youtu.be/3-4ql93FzFl.

Bevan, M. & Sternberg, E.M. (2012). Caregiving burden, stress and health effects among family caregiving of adult's cancer patient. *307*(4), 398-403.

Bemelmans, M., van den Akker, T., Pasulani, O., Tayub, S.N., Herman, K., Mwagombe, B., Jalasi, W., Chiomba, H., Ford, N., & Philips, M. (2011). Keeping health staff healthy: Evaluation of a workplace initiative to reduce morbidity and mortality from HIV/AIDS in Malawi. *Journal of International Aids Society 14***,** 1 (2011). https://doi.org/10.1186/1758-2652-14-1.

Braun, V. & Clarke, V. (2012). *APA handbook of research methods in psychology*, Vol 2. American Psychological Association.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. MA: Harvard University Press.

Bronfenbrenner, U. (2005). The developing ecology of human development: Paradigm lost or paradigm regained. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 94–105). Sage.

Bronfenbrenner, U. & Evans, G. (2001). The developmental science in the 21st century: Emerging Questions, theoretical models, research designs and empirical findings. *Social development, 9*(1),115-125.

Brook, J.S., Brook, D.W., & Paul, K. (2006). *The development context for adolescent substance abuse intervention*. In H.A. Liddle, & C.L. Rowe (Ed.), Adolescent substance abuse: Research and clinical advances (pp25-51). Cambridge University press

Cantrell, M.A. (2008, July). The importance of debriefing in clinical simulations. *Clinical Simulation in Nursing, 4(*2).

Chikadzi, V. (2017). Challenges facing ex-offenders when reintegrating into mainstream society in Gauteng South Africa, *53*(2): 288-300

Capello, A., & Orford, J. (2002). Addiction and the family: Is it time for services to take notice of evidence? *Addictions*, 97, 1361-1363

Clarke, V. & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology, 12*(3), 297–298. http://dx.doi.org/10.1080/17439760.2016.1262613

Collins, S. (2007). Social workers, resilience, positive, emotions and optimism., *Practice 19*,4 255-269.

Collins, L.G. & Swartz, K. (2011). Caregiver care. *American family physician, 83*, 1309-1317.

Comer, S.D., Walker, A., & Collins, E.D. (2005). Buprenorphine/naloxone reduces the reinforcing and subjective effects of heroin-dependent volunteers. *Psychopharmalogy, 181(*4), 664-675.

Creswell, J.W. & Creswell, J.D. (2017). *Research Design: Qualitative, Quantitative and mixed methods approaches.* 5ed. SAGE.

Cronje, S. (2015). *Sign and symptoms of the use of dagga and Nyaope*. Retrieved from http://ridgetimes.co.za/50419/signs-and-symptoms-of-the-use-of-dagga-and-Nyaope.

Dardas, L. & Ahmad, M. (2013). Coping strategies as mediators and moderators between stress and quality of life among parents of children with autistic disorder. *Stress Health, 31*,5-12.

DeJonckheere, M. & Vaughn L, M. (2019). Semi structured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*.

Diniz, M.A.A., Melo, B.R.S., Neri, K.H., Casemiro, F.G., Figueiredo, L.C., Gaioli, C.C.L.O., & Gratão, A.C.M. (2017). Comparative study between formal and informal caregivers of older adults. *Ciência & Saũde Coletiva, 20*(11),3789-3798.

Dintwe, S. (2017). Understanding the profile of a Nyaope addict and its connotations for law enforcement agencies. *Acta Criminologica: Southern African Journal of Criminology*, *30*(1), 150–165.

Dubow, E.F. & Rubinlitcht, M. (2011). *Encyclopedia of Adolescence.* Academic Press.

Etikan, I., Musa, S.A., & Alkassim, S. (2015). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*, 4-9.

Hassan (2020). ResearchPopulation.Academua.edu https://www.academia.edu/5563491/Research_Population.

Farrell, S. (2016). Research methods. Retrieved from https://www.nngroup.com/articles/open-ended-questions/.

Fletcher, A.M. (2013). *Inside rehab: The surprising truth about addiction and hot to get help that works*. Penguin books.

Foundation Recovery Network. (2020). *History of rehab facilities.* Access on the 23 June 2020. https://dualdignosis.org/drug-addiction/history-rehab-facilities/.

Ghosh, P. (2013). *Nyaope: cheap drug cocktail ravaging Black townships of South Africa*. Global girl Media.

Griswold Home Care (2019). *Caregivers, alcohol & substance abuse*. Retrieved from griswoldhomecare.com/blog2019/may/caregivers-alcohol-substanceabuse/

Hao, S.Q., Zhao, M., Zhang, R.W., Zhang, J.C., Zhang, J., & Feng, X.S. (2013). The effectiveness comparison of Jitai tablets versus methadone in community-based drug treatment: A 1-Year Follow-up Study. *Addiction Behav., 38*, 2596–2600.

Harrell, M.C. & Bradley M.A. (2009). *Data collection methods: Semi-structured interviews and focus groups. National defence research institute*. Santa Monica.

Hassan (2020). *Research Population.* Academua.edu https://www.academia.edu/5563491/Research_Population.

Henninger, A. & Sung, H. (2014). History of Substance abuse treatment. *Research gate*, 2257-2269.

Hlatshaneni, S. (2018, January 12). Immigrants under fire in Rustenburg. The Citizen https://google.com/amp/s/citizen.co.za/news/south-africa/1780152/immigrants-under-fire-in-rustenburg/amp/.

Human Sciences Research Council (2020, May 11). *Majority of South Africa adhere to lock down regulation affecting the sale of tobacco product*. https://www.hsrc.ac.za/en/media-briefs/general/sale-of-tobacco-during -lockdown.

Kang'ethe, S.M. (2010a). Validating that palliative care giving is a stressful occupation: the case of the Kanye community home-based care program, Botswana. *South African Family Practice, 52* (6), 548-556.

Keane, R., Reaper-Reynolds, S., Williams, J., & Wolfe, E. (2006). *Understanding substances & substance use- A handbook for teachers*. Retrieved from http://www.drugs.ie/resourcesfiles/guides/2802-3498.pdf.

Kempen, A. (2018). June). What happen when something "hijacks" the brain. *Servamus,* 10-14.

Kepic, M., Randolph, A., & Hermann-Turner, K.M. (2019). Care for caregivers: Understating the need for caregivers' support. *Adults span journal (18)*1.

Khine, A.A., Mokwena, K.E., Huma, M. & Fernandes, L. (2015). Identifying the composition of street drug Nyaope using two different mass spectrometer methods. *African journal of Drug & Alcohol studies*, *14*(1).

Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping.* Springer.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Sage.

Lu, D.M., Sun, N., Hong, S., Fan, Y., Kong, F., & Li, Q. (2015). Occupational stress and coping strategies among emergency department nurses of China. *Achieves of Psychiatric Nursing*, *29*(4),208-212.

Mahlangu, S.H. (2016). *The aftercare of nyaope users in the Hammankraal community*. Master's Dissertation: University of Pretoria.

Masombuka, J. (2013). *Children's addiction to the drug 'Nyaope' in Soshanguve Township: Parents experience & support need*. Master's dissertation: University of South Africa.

Manti, S. & Licari, A. (2018). How to obtain informed consent for research. *Breathe; 14*, 145–152.

Meyer, J.L. & Dick, D.M. (2010). *Genetic and Environmental Risk Factors for Adolescents-onset substance use disorders*. *19*(3), 465-477.

Mgadi, S. (2016). *New drug rehab centre opens in Mamelodi*. Retrieved from 702.co.za/articles/235812/new-drug-rehab-centre-opens-in-mamelodi.

Michael House (2000). *Understanding drug rehab*. Retrieved from michaelhouse.com

Molina-Fernandez, A.J. (2017). *Handbook on social reintegration of recovered drug users*.

Mokwena, K.E. & Fernandes, L. (2014). Exploring the role of external locus of control in the use of Nyaope: a qualitative enquiry. *Botswana Journal of African Studies*, *28*(1), 41–50.

Mokwena, K.E. & Morojele, N. (2014). Unemployment and unfavourable social environment as contributory factors to nyaope use in three provinces of South Africa. *African Journal for Physical, Health Education, Recreation and Dance, 1*(2): 374-384.

Mordey, A. (2015). What are the risk factors for alcohol and drug addictions? Retrieved from https://www.thecabinchiangmai.com/wp-content/uploads/2016/04/Risk-Factors-for-drug-Addiction.pdf.

Morojele, N.K., Parry, C., Brook, J., & Kekwaletswe, C. (2012). Alcohol and drug use. *MRC-University of South Africa Safety & Peace Promotion Research Unit,* 195-213.

Morojele, N.K. & Brook, J.S. (2006). Substance use and multiple victimisation among adolescents in South Africa. *Addictive Behaviours, 31*(7), 1163-1176.

Myers, B., Peterson Williams, P., Johnson, K., Govender, R., Manderscheid, R., & Koch, J. R. (2017) Readiness to adopt a performance measurement system for substance abuse

treatment: Finding from service quality measure initiatives. *South African Medical Journal, 107*(2): 160-164.

National Institute on Drug Abuse (2018, January). Principles of drug addiction treatment: A Research-based guide (3rd ed.) https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states/types-treatment-programs.

National Institute on Drug Abuse (2020, May 27). Prescription opioids drugfacts. Retrieved from https://www.drugabuse.gov/publications/drugfacts/prescription-opioids.

National Institute on Drug Abuse (2020, June 25). The science of drug abuse and addiction: the basics. https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics.

Ndou, N. (2019). *Factors influence relapse in individuals with substance use disorders: Views of social workers employed in treatment centre*. Master's dissertation: University of Stellenbosch.

Oxford Dictionary. (2017) *Oxford living dictionary.* Oxford university press https://end.oxforddictionaries.com/definition/drugabuse.

Parker, B. (2018, June 26). 80% of SA's male youth deaths are alcohol-based and drug consumption is twice the world norm. http://www.news24.com/amp/parent/family/health/80-of-sas-male-youth-death-are-alcohol-relalted-and-drug-consumption-is-twice-the-world-norm-20180626.

Parrewé, P.L. & Zellars, K.L. (1999). An examination of attributions and emotions in the transactional approach to the organizational stress process. *Journal of Organizational Behaviour, 20*,739-752.

Parry, C.D., Plüddemann, A., Louw, A., & Leggett, (2004). The 3-metros study of drugs and crime in South Africa: findings and policy implications. *The American Journal of drug and alcohol abuse, 30*(1),167-85.

Pitpitan, E.V., Kalichman, S.C., Eaton, L.A., Cain, D., & Pieterse, D. (2013). Gender-based violence, alcohol use and sexual risk among female patrons of drinking venues in Cape Town, South Africa. *Journal of Behavior Medical, 32*(3),295-304.

Polcin, D.L., Karcha, R., Bond, J., & Galloway, G. (2010). What did we learn from our study on Sober Living Houses and where do we go from here? *Psychoactive drugs. 42*(4), 425-433.

Psychology wiki (2020, June). Bioecological model. https://psychology.wiki.org/wiki/Bioecological_model

Reinhard, S.C., Given, B., Petlick, N., & Bemis, A. (2008). *Supporting family caregivers in providing care*. Patient Safety and Quality: An Evidence-Based Handbook for Nurses.

Reis, A.D. & Laranjeira, R. (2008). Halfway houses for alcohol dependents: From theoretical bases to implication for organization of facilities. *63*(6), 827-832.

Reyre, A., Jeannin, R., Largueche, M., Moro, M.R., Baubet, T., & Taileb, O. (2017). Overcoming professionals' challenging experience to promote a trustful therapeutic alliance in addiction treatment: a qualitative study. *Drug and Alcohol Dependence, 174*,30-38.

Richards, K. (2003). *Qualitative inquiry in TESOL*. Palgrave Macmillan.

Rong, C., Jiang, H., Zhang, R., Zhang, L.4., Zhang, J., Zhang, J., & Feng, X. (2016). Factors Associated with Relapse among Heroin Addicts: Evidence from a Two-Year Community-Based Follow-Up Study in China. *International Journal Environmental Research, 13*(2), 177.

Rosa, E.M. & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: its evolution from ecology to bioecology. *Journal of family theory & review,5*(4): 243-258.

SA People News. (2020, May 20) Western Cape couple die after drinking home-made ginger beer. *SA People News.* https://www.sapeople.com/2020/05/20/western-cape-couple-die-after-drinking-home-made-ginger-beer-amp.

Sahu, K.K. & Sahu, S. (2012). Substance abuse causes and consequences. *Bangabasi Academic*

Journal.

Shanafelt, T.D., Bradley, K.A., Wipf, J.E., & Back, A.L. (2002). Burnout and self-reported patient care in an internal medicine residency program. *Ann intern med, 136*, 358-367.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative Research projects. *IOS Press, 22*, 63–75.

Sheth, H.C. (2005). Common problem in psychosocial rehabilitation. *Internal journal of psychosocial rehabilitation, 10*(1), 53-60.

Simons, H. (2009). *Case study research in practice*. London: SAGE.

Skinner, E.A. & Zimmer-Germbeck, M. (2016). *Coping strategies*. Encyclopedia of Mental Health (2nd ed.).

Spickard, (2018). "Could it happen to me?" Our personal risk factors. *Psychology today*. https://www.psychologytoday.com/za/blog/the-craving-brain/201801/could-it-happen-me-our-personal-risk-factors%3famp.

The presidency (2009, April 21). *Prevention of and treatment for substance abuse Act 70 of 2008.* Government gazette, 32150(526).

Tshitangano, T.G. & Tosin, O.H. (2016). Substance use among secondary school students in rural setting in South Africa: Prevalence & possible contributing factors. *Afri J Prim Health Care FAM Med.*

Van Der Walt, H.D. (2016). *Naltrexone maintenance therapy with pellet implantation as an aid for relapse prevention of heroin dependent individuals: A South African perspective*. Master's dissertation: University of South Africa.

Wagner, C., Kawulich, B., & Garner, M. (2012). *Doing Social Research: a global context.* McGraw-Hill Higher Education.

Whitehead, P.R. (2012). The lived experience of physicians dealing with patient death.

Supportive & palliative care, 4,271-276.

Wilder, A. (2010). Ecological system theory as applied to family caregivers of aging adults. *Family Behavioral Resources.*

Wilson, J. & Kirshbaum, M. (2011). Effects of patient death on nursing staff: a literature review. *British journal of nursing, 20* (9), 559-563.

Woods, P. (eds) (11423). %26targetdoc%3Dpdf10&ved=2ahUKEwiw--rr2qHsAhXE2eAKHQtYXAQFjABegQIChAF&usg=AOvVaw1FM8jBF80NknMkFXuLgv3X&cshid=1602048256503

World Health Organization, (2018). *Access to rehabilitation in primary health care: an ongoing challenge*. https://creativecommons.org/licenses/by-nc-sa/3.0/igo.

Vorma, H., Sokero, P., Aaltonen, M., Turtiainen, S., Hughes, L.A., & Savolainen, J. (2013). Participation in Opioid substitution treatment reduces the rate of criminal conviction. *Evidence from community study, 38*(7).

Xinwa, S. & Masiko, N. (2017). Substance abuse in South Africa, its linkages with gender-based violence and urban violence.

Yin, R.K. (2014). *Case study research design and methods* (5th ed.). Sage.

Yin, R.K. (2003). Case *study research: Design and Methods* (3rd Ed.). SAGE

APPENDIX A: INFORMED CONSENT

Department of Psychology

Ref/Verw: Kgothatso Mokutu

Cell nr: 0836428730

E-Mail: Kgothatso.ksl@gmail.com

Researcher: Kgothatso Mokutu (MA in Research Psychology student)

University of South Africa

Dear Participant

My name is Kgothatso Mokutu and I am researching work experiences of caregivers of nyaope addicts at Second Chance Recovery Centre. The study will explore and understand the problems encountered by nyaope caregivers.

Participation is voluntary and you are requested to take part in an interview which will be recorded. The interview will last between 45 minutes and an hour and there might be a need for a follow-up interview. You may discontinue the interview at any point or skip questions that you do not feel comfortable to answer.

All the information is strictly confidential and will only be used for research purposes. Data that may be reported in scientific journals and my dissertation will not include any personal information which could identify you as a participant in this study.

Thank you for your cooperation

Yours sincerely

Kgothatso Mokutu

I certify that I have read the consent form and volunteer to participate in this research study.

Signed at (Place) on (Date)

APPENDIX B: INTERVIEW SCHEDULE

Second Chance Recovery Centre: The Experiences of Caregivers of Nyaope Addicts

Researcher name: Kgothatso Mokutu

Biographical information

Participants name:

Gender: male/ female

Age:

Questions

Overview of the caregiving role

Tell me about yourself

Tell me about your work

Why did you choose this career?

How long have you been working here?

Why did you decide to work here?

What are your roles and duties?

What are your experiences of working with beneficiaries?

Probe question: Your good and bad experience

How has this role affected your well-being?

What are the general problems that the beneficiaries normally bring?

Challenges and demands

What were or are your challenges in terms of the work you do?

Do you get any support from community or family members of the beneficiaries?

How is your relationship with the patients?

What do you find most demanding about your role?

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

What do you do when you want to unwind?

What can be done to improve the situation? Possible interventions?

Any recommendation on the kind of support or resources that you might need

Is there anything else you feel is important to mention that I did not cover?

APPENDIX C: ETHICAL CLEARANCE

Ref. No: PERC-17047

UNISA university of south africa
Department of Psychology

Ethical Clearance for M/D students: Research on human participants

The Ethics Committee of the Department of Psychology at Unisa has evaluated this research proposal for a Higher Degree in Psychology in light of appropriate ethical requirements, with special reference to the requirements of the Code of Conduct for Psychologists of the HPCSA and the Unisa Policy on Research Ethics.

Student Name: Kgothatso Selloane Lydia Mokutu **Student no.:** 41113713

Supervisor: Mr. Fana Simelane **Affiliation:** Department of Psychology, Unisa

Title of project:

Challenges and coping mechanisms of caregivers at Second Recovery Centre when caring for recovering nyaope users

The proposal was evaluated for adherence to appropriate ethical standards as required by the Psychology Department of Unisa. The application was approved by the Ethics Committee of the Department of Psychology on the understanding that –

- Any formal procedures that may be required to get permission from the institution [Second Recovery Centre or any similar institution] from which the participants are to be drawn, and all conditions and procedures regarding access to information for research purposes that may be required by this institution are to be met;
- Information which may be reasonably expected to be confidential will not be used to identify potential participants. Invitations to participate in the study can be made available, but the participants will have to indicate their willingness to participate by volunteering to do so;
- Where references to specific cases are made, the right to confidentiality of persons indirectly implied will be protected, and no identifying information through which the sources of original data can be determined, and which may undermine the right to confidentiality of particular individuals, will be disclosed;
- Information disclosed in confidence will not be made available to any person or organisation without informed consent.

Signed:

Prof P Kruger
[For the Ethics Committee]
[Department of Psychology, Unisa]

Date: 20 October 2017

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Psychology Department Ethics Review Committee.*
3) *An amended application should be submitted if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*
4) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

Please note that research where participants are drawn from Unisa staff, students or data bases requires permission from the Senate Research and Innovation Committee (SENRIC) before the research commences.

APPENDIX D: TRANSCRIPTION

Participant 1

Questions

Overview of caregiving role

Tell me about yourself

I am a self-motivated person, passionate and loving person, extrovert. I am confident person, emotional and talkative. Outspoken a kind of a person. I am a storyteller, like reading books, spiritual person, enjoys reading spiritual books more. I am a loyal person by nature and enjoys being around loyal people. I am a grounded person. I love working with people.

Tell me about your work

My work is very powerful and kind work. I enjoy working with people from different kind of people from all kinds of background.

I do media site if the centre and marketing of the centre. I do intake for outpatients. Do or facilitate the group session for both inpatient and outpatients. Facilitate awareness and prevention programmes. I do house visits upon asked by the manager and all this satisfy my heart.

Why did you choose this career?

I chose this career because I always had a heart and passion to restoring a boy child.

How long have you been working here?

I have been working here since 2016 till to date (2019) it has been 3 years now.

Why did you decide to work here?

I decided to work here because of the heart to see and bring change in a male child in Mamelodi first. I felt connected to their vison of a drug-free society and be or form part of the change.

What are your roles and duties?

Work in collaboration with the social worker and auxiliary nurse to co-ordinate the organisation's programmes.

Conduct and oversee community awareness and prevention programmes.

Facilitate appropriate referrals and linkages to other community resources. In conjunction with the social worker or centre manager collect, monitor, evaluate and record outpatient service user progress and data according to measurable goals. Facilitate sporting activities in connection with the programme of the centre. Perform any other tasks normally associated with the position or assigned by appointed authority.

What are your experiences of working with beneficiaries?

Working with my beneficiaries I have learned to be patient and to have or be a confidant. The experience is fulfilling and at times very demanding. My experience is quite great because of the passion that grows with years. I enjoy the challenges of having to deal with different kinds of background and personalities.

What were your good experience so far?

We had seen one of or some of the beneficiaries get jobs and do their own business. They had taken in a soccer home that they won all their games except the final, they got a silver medal. Seeing some of the beneficiaries grow within the program and facilitating the programmes to our school learners outpatient.

What were your good experience so far?

We went to a home to drop or take the beneficiary back home and the father sent us back with his son, nowhere to go and sleep.

A parent had to come to send an insult us for not helping her son go to rehab without even understanding our procedure, even after it was explained, she still found a way to be more insulative.

How has this role affected your well-being?

It has been or helped me to appreciate the gift of life that God has given us. It has made me see the importance of good company, good morals and values.

What are the general problems that the beneficiaries normally bring?

Rejection

Peer pressure

Chronic diseases

Suicidal

Father issues

Challenges and demands

What were or are your challenges in terms of the work you do?

Its always finding myself in a neutral position and never take sites and to give counsel and to never compromise myself. I have always had and still have a challenge in terms of resources, finance is limited. Manpower, human resources to get the message across Mamelodi

Do you get any support from community or family members of the beneficiaries?

Yes and No

Yes I do based on the type or kind of family and the community sometimes the community do support if they've not written off the particular service user and at other times it is the community members that refer service users to our centre.

Family members do support if or based on the case of the services users. Some family members do refer and support their loved ones from the onset till the end of the program.

How is your relationship with the patients?

My relationship with beneficiaries is a professional one. It is based more on spiritual counsel and a mentor to the beneficiaries. Our relationship is at times that of the coach and his players since I train them for soccer.

What do you find most demanding about your role?

Time is the most demanding thing about my role

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

I talk to my mentor or my spiritual father about a stressful. Most of the times I pray about stressful/demanding situation. I drink energy drink or alkaline ionised water to calm myself at times I drink rooibos tea and cinnamon.

What do you do when you want to unwind?

I watch comedy movies or cartoons, talk to a friend who's not in the same field of work. Sometimes I take long walks around the neighbourhood.

What can be done to improve the situation? Possible interventions?

Take the team for a team building workshop or camp. Bring in a motivational speaker to motivate and inspire the caregivers. Take the team to a spa for massages and help them relax their bodies and minds.

Any recommendation on the kind of support or resources that you might need

I personally need a bakkie/van for my stats (prevention and awareness campaign) I also need a stage, sound system and more time working with school directly.

Clarification question and answers.

Researcher

Hi, hope you well, thank you for agreeing to take my call

Participant

I am good thanks it's a pleasure

Researcher:

I see here you have answered most of my questions, so I won't take much of your time.

Participant

Sure

Researcher

I see here where I asked what your experience are of working with beneficiaries, you wrote that there are some challenges I would like you to specify what do the challenges involve.

Participant

I forgot what I wrote, please remind me?

Researcher

I was asking about your experience of your work, working with beneficiaries.

Participant

One: people when they come here they have mental disorders (bipolar) so it's very difficult to work with such individual as we are not trained to work with them.

Two: some have been to various rehabilitation centres; you find that this is his third rehabilitation centre. The person already knows about the sessions, what will be discussed, and the topic being discussed. They uninterested with what is being said and what is going on in the session. Some are not interested in recovery they just there for a three months' vacation, you see they are not ready to recover. They are wasting both out time and the other beneficiaries

Researcher

Ok, alright, with bipolar, how do you know they have bipolar?

Participant

When they come for screening they would disclose that they have been diagnosed with bipolar or whatever medical condition they have and which medication they are talking so that we know. Upon admission they disclose that.

Researcher

So, upon admission they disclose what have been their problem and their current problem?

Participant

the procedure that we do, they tell us about their medical history so that we know how to deal with them.

Researcher

ok, alright thanks for that. I see that here you wrote about your good experience and I see say some are getting jobs

Participant

Oh yes, we have a few who got jobs, one is going with us to the radio for a radio interview and there is one who is involved in an organisation called Umoja do you know it?

Researcher

yes, I have heard of it.

Participant 1

Some opened his own Ngo where he does motivation and help young people.

Researcher

How does it make you feel when that happen?

Participant

It is fulfilling to see them prosper and recover, it is fulfilling to know you had a part in their success, and to see that they did not …….

Researcher

how does that make you feel knowing you contributed towards their success

Participant

It makes me proud I am proud of them and it's fulfilling like I said previous and it's make me feel good

Researcher

Oh, good, another question was about your bad experience was when the father did not want her child how that made you feel and how did that make the beneficiaries feel

Participant

It was a sad thing to see, especially for the beneficiary after all the work he has done to recover and to be rejected, we felt helpless there was nothing we could do because the father did not want anything to do with the child because when the child was still using he was stealing from the house so the father lost the trust and found it hard to trust him again or believe that he has recovered

Researcher

Do you have session for family maybe?

Participant

Yes, we do have workshops

Researcher

And do they attend?

Participant

Some they do some they do not some do not see a need to come to the session whilst others do their best to support their kids, so they come

Researcher

Do you feel like some of the challenges for success are because parents are not well taught about their child's situation?

Participant

Yes, I think some parents are just not interested in understanding or support so it's very difficult for us to work only with the child because when the child have to reintegrate Into the society they do not get the support they need and it hard for parents to trust their kids again

Researcher

Was that the only bad experience you had, or you had another one?

Participant

Researcher how do you deal with people like that?

Participant

When the beneficiary relapse

Researcher

When that happen how does that affect you as a person

Participant

It is sad and it's a strain for us, because we have worked so hard for this person and you find they will come back again asking for help.

Researcher

how do you deal with that?

Participant

Luckily, I am a person who goes to church, so I usually talk to my pastor about all bothering me and he gives me guidance

Researcher

So, you prefer taking to the pastor than the social worker

Participant

It is always better to talk to someone who is not affected by the same thing, with the social worker we work with the same people, so I prefer so get an outsider's opinion on situations like that

Researcher

Ok ok

You mention the problems that the beneficiary comes with are rejection peer pressure mental illness so with chronic illness father concerns you mentioned bipolar with rejection is it the one you mentioned previously about the father rejecting his son or can you clarify more?

Participant

Yes, it's that one, they are also rejected by the community they need to gain the trust of the community and their parents

Researcher

I see you mentioned on the challenges you mentioned financial manpower resources can you clarify more

Participant

Financial we do not have enough sponsors we do not have enough money at the centre as it it we have one car; we do not have money for advertisements to make awareness for people to know about the centre or know what we are doing.

We do not have the resources such is pamphlets, posters and banners we do not have a car to do rally and money too and we do not have people helping us getting the message across to the school and community.

And with man power I am here and I am supposed to be at the school doing awareness, I am going to the radio station later on there won't be anyone doing my job so I have to do a lot of thing by myself, other people already have lots of work to do they do two people's job so I cannot ask them for help. It's really difficult getting the message across and finding sponsors too.

Researcher

So, the challenges is that centre does not have enough resources and manpower

Participant

Yes, we need more resources and manpower and that need a money, on the other hands that makes it difficult to do my job.

Researcher

Do you get any support from family member or the community? Yes and no

Participant

Some people appreciate the work we do and see what we do make a change in people lives and change families for the better whilst other people blame us when their children relapses, and some

do not understand the work we do they feel we promoting the drug use. So we have support and some of the community need awareness about the work we do.

Researcher

Oh, so people are blaming you and some appreciate?

Participant

There are a few that appreciate us, like we have been invited to a radio station to bring about awareness we are going with one of the beneficiaries so that the community can know what we are doing and that we not wasting the beneficiaries time

Researcher

Oh, I heard about that congratulations, how is your relationship with the beneficiary?

Participant

It's a good relationship I have made friends, found brothers and I have learned from them they are learning from me, we respect each other and connect very well.

Researcher

Do you ever feel like they get attached?

Participant

I always keep my relationship with the beneficiaries professional

Researcher

How do you keep that distance of work?

Participant

When we start I always explain my role in the relationship and they understand that I am their supporters, we have a brotherly relationship, but I am never attached to them I always try to keep it to professional

Researcher

If does not affect your when someone has to leave?

Participant

It does affect me, we have formed a bond and I am also proud when they leave coz I know I have served a purpose in their lives

Researcher

How do you deal with it?

Participant

I talk to my colleagues about it and that really helps

Researcher

So, you debrief in a way?

Participant

Yes, we do we talk about our challenges what has happened during the day and talk about how we dealt with difficult situations that helps

Researcher

What do you find most demanding about your role?

Participant

Time is the most demanding, I have to do a lot of thing and I have deadlines I have to be at different places like schools, radios, community and awareness and I have to write reports about what I have done and do admin

Researcher

So, it's time and reporting most demanding?

Participant

Yes

Researcher

How do you manage your time?

Participant

I try to manage my time by having a weekly plan of the things I need to do this week and try to make it work, I make a list of the things I need to do. Sometimes it does not work but I try to make it work most of the time.

Researcher

When your weekly plan doesn't work how do you do it?

Participant

I try to make sure that it works other days I knock of late or sleep here if I have to just to get the work done

Researcher

You wrote here you deal with stress by talking to your pastor and you also drink energy drinks what else are you doing to deal with stressful time?

Participant

I listen to music, I play soccer and watch comedy. I have recently been trying to reduce the intake of energy drinks i now drink lots of water and rooibos tea I drink energy one once a week I used to take 4 energy drink a day

Researcher

So, you used to take 4 at one take? So now it has changed at least you see some changes

Participant

Yes, I am trying to quit so one a day it's a big improvement

Researcher

You said unwind you watch movies walk around and listen to music What else do you do?

Participant

I watch comedy that helps with stressful situations, going to church, talking to my friends and chilling with my friends and family. Also talking helps me unwind.

Researcher

You talked about parent time resources what can be done to improve this?

Participant

Getting more sponsors, getting money so we can get flyers, be able to go to the schools and community send the message across, get more resource laptops and printers. And getting more manpower we do not have enough people working at this centre there are only few of us we need manpower

Researcher

You also mentioned that some beneficiaries are not interested in the programme what can we do to improve such!

Participant

I feel the session we conduction are not enough and the programme that we have already does not work for everyone so to help the beneficiaries we need to implement a programme for an individual and individual needs, for example some have experience and have been to various rehabilitation centres, so we need a different programme and different strategy on them.

Researcher

Oh, so you trying to implement a new programme!

Participant

Yes, what we have been working on recently to help with our success rate and to help everyone and their needs that they come with

Researcher

You also mentioned a problem of money how will this work out?

Participant

We talking to a few sponsors at the moment and we are hoping things will work out and we will get sponsor we hoping for the best.

Researcher

So, you need funding?

Participant

Yes, we do need funding.

Researcher

Have you spoken to any sponsors?

Participant

Yes, we have spoken. To lotto and so far, it's promising.

Researcher

Any recommendations?

Participant

We need man power, resource, money and new programmes

Researcher

Any other?

Participant

Team building we need that in the centre and we need to get outside the centre just for the day. A day where we do not think about work and where they teach us how to work together work out our differences deal will client and so on.

Researcher

Thank you for your time and cooperation is the anything that I have missed out that you feel is important?

Participant

No, we have covered everything.

Researcher

Thank you very much and enjoy the rest of your day.

Participant 2

Overview of caregiving role

Tell me about yourself

I am ambitious and well driven being and love working and listening to people's problem.

Tell me about your work

My work is so interesting due to the experience of getting to meet quite a number of people with different perspectives and behaviour towards life. Being challenging sometimes by which you have to listen and concentrate on the well-being of people and having a way of advice to the problems they'll be sharing with.

Why did you choose this career?

Meeting people and having the opportunity to coach and assist them in bettering their lives.

How long have you been working here?

It's been five years working here.

Why did you decide to work here?

Cause I believe due to what I have experienced through lie I have the ability to listen, coach and assist people with their problems of life and it makes me feel good seeing a person recovering from the life he/she had thought that they've lost.

What are your roles and duties?

Social worker and centre manager, making sure the staff does their duties and patients are well.

What are your experiences of collaborating with beneficiaries?

Getting to experience the real life behind it and most of all the challenges encountered, also the parent sometimes abandons the service users at times. where we do family intervention, home visits and telephonically phone calls.

What have been your good experience so far?

Seeing people win back the life they've thought they'd never retrieve and setting to better it not for a period of time but forever, being united with their families and loved ones.

What have been your bad experience so far?

When the beneficiaries' relapse after treatment, it demoralise and strain because the person was your client or is still your client. Some of them come inside the centre sometimes under the influence of alcohol.

How has this role affected your well-being?

Not being able to spend a lot of time focusing on my life issues.

What are the general problems that the beneficiaries normally bring?

Not wanting to attend programmes and do duties in the centre. Arriving late from weekend home visits. Smoking in their rooms and the rooms end up smelling of smoke.

Challenges and demands

What have been or are your challenges in terms of the work you do?

There is so much work that need an ability to focus and strategy of reaching deadlines.

Do you get any support from community or family members of the beneficiaries?

Yes, sometimes we do get support from the community and from the family members side it depends on the relationship between the two parties.

How is your relationship with the patients?
its good once they get to understand you and you get to understand them. They are easily accessible, sometimes tend to have attachment with therapist.

What do you find most demanding about your role?

A lot of time sacrificed.

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

I involve myself in participation with what the patients keep themselves busy with during their free time. For example, sport, gym and watching movies.

What do you do when you want to unwind?

Exercise in order to reduce the tension.

What can be done to improve the situation? Possible interventions?

To work together with the parents and the community including the stake holder like saps, other rehabs and schools.

Any recommendation on the kind of support or resources that you might need

Resources are needed such that can better our patients' skills.

Clarification question and answers.

Researcher

Thank you for meeting me again, I would like to get clarity on some of the answers you wrote on the open-ended questionnaire

Participants

You welcome, I hope this will help.

Researcher

It will, first question that has been your good experience?

Participants

Let me check my answer so that I don't repeat my what I wrote here, ummh you mean like the good experience with the boys or?

Researcher

Yes, with the boys

Participants

With the boys, and maintaining their sobriety, others they find jobs so the hardest part, you see even this one that I was talking to before we started this interview, he just told me he has good news that he sign a contract of seven years so now the hard part of it will he not relapse whilst he is in that job so he must maintain the sobriety but we do follow up usually, and the having to relate with the community as I said through the radio station communicating with them sometimes the community come back asking questions and we give feedback to them and relationship with the schools is benefiting, on our side it means we are achieving because mostly school kids they start with dagga so we have such cases so having to get that access to work with schools is an achievement for us at least we do awareness so that the children abstain and do not start using drugs

Researcher

And what have been the bad experience, I see you wrote relapse

Participants

Yes, yes when they relapse is a bad experience, it is a bad experience when they pass away.

Researcher

They sometimes die?

Participants

Yes, some of them die and its very sad, its painful because we do not have debriefing in the centre, so you have to get through it on your own very sad. Another thing is when they lose their jobs because of relapsing its also a bad experience because most of the time they come to the centre and say ish I have done 123

Researcher

And you how do you deal with that? You know that person was under your car and he relapsed

Participants

We have to start from trying to find out the main problem why the person relapse the first person we try to find out, we screen why he relapsed and what is the cause to relapse and we usually do SWOT analysis with them so we can work on improving their strength if there and also most of this thing is that they do not know themselves, they do not know themselves which cause the relapse. So, we ask them to do you understand your identity.

Researcher

So you start from there?

Participants

We start from the roots and go up with it and it takes a process unfortunately, it takes a process and it's a human being but it's good to start there than to highjack it from the top and say try again, it's not going to work you need to find out the core reason why the person relapsed what is the real problem for relapsing. The real problem is sometimes not the drugs the drugs is just a defence mechanism you see, you find that the real problem is something in the family, some with relapse and say my family is not doing much so all my salary has to go to family so when a person come with this you have to say have you thought of option or what is the other option that you have. He will come with option like I would rather get a room, and we ask if the person if that will work for them to get a room and rent for yourself and budget is another thing. Check your budget how you can work check and then your budget needs discipline and commitment to it.

Researcher

You mentioned you work two jobs, how does that affect your well-being

Participants

Stressful, it's very stressful, it's exhausting, it's suppressing me because I cannot focus, I find it very difficult to focus most of the times because I am everywhere especially when it comes to the social work tasks it becomes difficult, counselling is not easy you need to prepare, you need to have a clear mind for me to have to mix this thing and with 20 voice, so I feel drained because there is no other social worker, at least if there was another one I would find relieve.

Researcher

And then how do you cope, how do you juggle work and social life?

Participants

I do not have a social life, honestly speaking I do not have a social life because this two jobs and school again.

Researcher

So its three things?

Participants

Yes, and family, so I do not have social life

Researcher

So how do you manage your time?

Participants

It's something that I struggle with to manage my time, I cannot really, I can say I am not really disciplined in managing my time. you find I tell myself that for a better 3 hours let me just do all

the management but I will find that its already two and I am still busy with management duties, even counselling I would I am only going to focus on counselling but now when I am focusing on counselling an emergency come up on the management side or its outpatients I attend so it's a bit difficult for me to organise my time neh and then other thing again what I try to do is get a volunteer she just started today so hopefully it will work yes because its social work student at least with the group sessions, follow ups, outpatients she will be able to tackle.

Researcher

I heard you said the beneficiaries come with problem that their family are not treating the well, what other problems do they come with?

Participants

Pressure, parents are impatient they would say it's been two months since you came from rehab or half way house and you not working, when are you going to work? And the behaviour of them treating the beneficiaries the way they used to treat him when he was smoking and when he is sober should be different, but the parent/family tend to maintain that behaviour of the time he was still smoking. For them it becomes difficult to shift direction to say this person no longer smokes so the boys it gives them pressure this things and the family calling them names so some of this thing cause them to relapse and some of them you find they have family concerns which was never resolved. Mostly you will find that the parents have divorced, a child does not understand, there is a step mother or stepfather, or you find they do not get along with stepmother or stepfather, those are the common problems that we find in the community with the families and then family having to disown them. If they accept them back it hard to treat them differently mostly they find it hard to trust, they find it very hard to trust them, they still hide stuff, they still lock stuff, so it becomes difficult for them, for the boys.

Researcher

Ok, and then you said time and deadlines are challenges, what else is challenging about your work?

Participants

Time Is a challenge and deadline and the fact that I do not have an administrator, I do not have an administrator, I do not have a social worker so those things is like I am doing three jobs at the same time so those things its challenging.

Researcher

Ok so the other challenge is that you are doing a lot of things alone?

Participants

Yes

Researcher

So, you talked about family support that other family don't support, so do you guys get community support? Family members coming to see their kids?

Participants

Usually we have parents' workshops, but unfortunately this year the family workshop cannot take place because of the problems we have, the challenges I just spoke about. But usually we have parents workshop where we educate them about how to deal with their children when they come back home and prepare them for when they come back and usually we have family sessions as well where we tell them about their kid, they meet and talk about their stories, you find that the child wants to apologise and for them it's a starting point until the child comes home and another one is going to their homes.

Researcher

Do you sometimes have awareness workshop for the community?

Participants

We do, as I said we go to the radios and we also go there physically to the community.

Researcher

How is your relationship with the beneficiaries?

Participants

I would say it's a professional relationship, as much as attachment becomes temptation part of it, but me as a social worker I always need to keep in mind that professionalism, because once you break the boundary of professionalism they are boys they are used to manipulating most of the are from the street and most of them are used to this things they very good at manipulating. You will find yourself doing something you not supposed to do. you find that someone will come, and as may you please lend me Twenty Rands, you might find yourself giving him that Twenty Rands if you do not keep it professionalism, professional. one of the challenges that we struggle with because not everyone, not all of us are social workers like ….. is a operational manager she is not a social worker by profession so that attachment is there, so you will need now to deal with it so that we keep it at a distance

Researcher

Have you ever had attachment problems?

Participants

Yes, yes, Kgothatso you are putting me on the spot. I had attachment, I remember when I started in to practice counselling, I had attachment and I learned the hard way, because also having an attachment and that person relapse it break you, it breaks you. It was back I 2016, I started here 2016, like practical's, I have been here before that so when I started this counselling things I used to have then I had to work through it with the previous centre manager she was actually a social worker so had to find a way to work through it. why I am saying I learned the hard way, it happened a few times but now its fine.

Researcher

So now you helping others to deal with attachments?

Participants

Yes

Researcher

Ok, you said time is the most demanding thing of your role, what else?

Participants

Its time, its energy I do not have energy.

Researcher

How do you get energy?

Participants

I try to sleep enough even though there is not that time to sleep, but I try to sleep enough, I try to take a break now and then. I used to drink energy drinks, but I realised it not ok and I stopped, but sometimes the energy is not there, you push through, but I need to take care of my health as well so sometimes I also go to gym to assist

Researcher

And how do you deal with stress?

Participants

Gym is one of it, I remember it was the sole reason I went back to gym two months earlier on because of this place's stress and the work load., for me it helps

Researcher

Ok, and do you have debriefing sessions?

Participants

We do not, the one thing we need at the centre

Researcher

And you how do you debrief? Because you are the social worker, who do you go to?

Participants

Honestly speaking I make my sisters rubbish collectors, I make them my rubbish collectors I just throw everything to/at them and then meditating, I meditate a lot especially through prayer. I meditate a lot because for me it gives me that relief, it gives me a whole lot of relieve and pastor, fortunately I have a friend who is a pastor, so he can, I can, able to relief some stress when talking to him.

Researcher

What can be done to improve the situations that we were talking about?

Participants

To hire, there Is a need, to hire more staff, we need more staff to hire more staff and the most important part that will make most of these things, the challenges to disappear. Hire more people, we need an admin, admin work is a long at the centre and we do need a social worker or atleast two auxiliary social workers, we do need a house father for the evening and we do need a driver because driving is also giving me a lot of stress when I have to go somewhere I have to drive myself, but if there is a driver some things I can just send with the driver

Researcher

I heard you talk about social worker volunteers, do you also take other volunteers not social workers?

Participants

Uhm psychology, we have a psychology volunteer, she comes on Wednesdays and Thursdays and we take, if we could have and admin volunteer to assist with admin also at the kitchen if we could have someone there to assist with food

Researcher

Ok, any recommendation on the support that you might need?

Participants

Debriefing sessions, we need debriefing sessions those are a need and I would need volunteers more volunteers to come to the centre.

Researcher

The psychology volunteer doesn't help you to debrief?

Participants

Unfortunately, she is still in a very lower level, I think she in second year, so she still needs to learn.

Researcher

ok thank you for your time and patient. I really appreciate it.

Participant 3

Overview of caregiving role

Tell me about yourself

I am very accurate person, I have a very good heart. I listen to understand, and I make sure that I keep everyone happy and understand me. I really hate being in a bad mood for the sake of the beneficiaries.

Tell me about your work

Making sure that all the services users are physically and spiritually stable. I motivate, guide and do sessions about the things we go through in our daily life.

Why did you choose this career?

I realise that I love and I am passionate to work with people. This is the career that what ever do, I excel. This is my passion, its my life.

How long have you been working here?

I have been working here for two years now.

Why did you decide to work here?

I have a good heart when coming to my community, that why I help the community.

What are your roles and duties?

Caregiver, session facilitator and activities coach.

What are your experiences of working with beneficiaries?

It’s a bit difficult sometimes but in the majority time I learn a lot from the beneficiaries and they also learn from me. I realised that they very intelligent and wise in their own ways. Otherwise its very enjoyable working with beneficiaries

What have been your good experience so far?

Cooperation of beneficiaries. There is progress on what I am teaching and say to them. There is a lot of smiles every day. what wake me up in the morning.

What have been your bad experience so far?

How has this role affected your well-being?

Listening to the services users telling their stories, and true stories. I sometimes get emotional and feel what’s his saying. This job its into me that even in the community I really talk with those who use substance.

What are the general problems that the beneficiaries normally bring?

They do not like each other, pretending is their best too to conquer the day and the way they talk it can be inappropriate sometimes.

Challenges and demands

What have been or are your challenges in terms of the work you do?

Where I have to solve fight, this is the worst of them all. I am trying by all means that this evil thing of fighting must stop all together. The natural hate that I get from the other ones.

Do you get any support from community or family members of the beneficiaries?

Yes of course. I help the community by talking and motivating those who need motivation. The families recommend me to the fullness.

How is your relationship with the patients?
excellent, I love it too. They do not do anything to hurt me or disrespect me and I do the same. They understand me, and I understand them too. Unless I have new admission where I be polite and friendly. I always get the best.

What do you find most demanding about your role?

Beneficiaries who.

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

Praying is the best tool I use to deal with stressful times.

What do you do when you want to unwind?

Sometimes I listen to gospel music. Sometimes I lock myself in an office and calm down.

What can be done to improve the situation? Possible interventions?

Any recommendation on the kind of support or resources that you might need

Clarification question and answers.

Researcher

I asked about good experience and you said its difficult sometimes what did you mean by that?

Participant

You find that you have been with a child for so long and you have seen him grow and he indicated improvement its difficult when they relapse.

Recovery rate is low, you find that the beneficiaries' relapses.

Researcher

It's difficult when they relapse?

Participant

Yes, when they relapse it becomes a strain to us

Researcher

On good experience you also mention cooperation of the beneficiaries what else is good >?

Participant

Connection, we connect very well.

Researcher

Connection in what way?

Participant

They free to talk to us, they open to us, we connect with them.

Researcher

So, they are free to talk to you?

Participant

Yes

Researcher

On bad experience you mentioned…. what other bad experience

Participant

Sometimes the child recovers and cope and be alright then we take him home the parents do not want the child it becomes bad on our side we do not know what to do or how to deal with such

Researcher

When that happen what do you do?

Participant

We talk to both

Researcher

Researcher

You talk to the parent and the child?

Participant

Yes, we talk to both, we make an appointment the we do one on one to talk to them and teach them via workshop then a group session then we seek counselling for both of them.

Researcher

When they refuse to take their child back do you return with him?

Participant

Yes, we come back and wait.

Researcher

Until the parent's workshops?

Participants

Yes, until the workshops and sessions of it escalate the beneficiaries wait another 3 months then if it does not improve we add another one until the parent is able to accept the child back.

Researcher

On your roles you mentioned that sometimes you get emotional, what happens for you to get that way?

Participant

On my side on the boys when I started I was very emotional, you come across some challenges where by the child does not cope it gets emotional.

Researcher

How do you deal with your emotions?

Participant

It's so difficult, but I sometimes lock myself in the room and pray about it or I keep busy.

Researcher

Do you have anyone to talk to?

Participant

Yes, the centre manager is there for me I talk to her and I refer to her. She is always there for me

Researcher

What are the problems that the beneficiaries normally come with?

Participant

It's rare they come with alcohol problems it's mostly drugs, very rare they come with alcohol

Researcher

Besides the drugs do they have any other problems?

Participant

Mostly its peer pressure, its naughtiness, some come with domestic problems you find the mother and father are no longer together and the child stays with step father or stepmother and one biological parent and you find the child does not get along with the step parent they recover then relapse come back crying when you ask what's wrong they mention its step mother or stepfather

Researcher

They don’t get along with their step parents?

Participants

Yes, the mother is in love with the stepfather or stepfather and you find the child always fights with the step and the parent try to make peace, but it does not work.

Researcher

What are the challenges of working with the beneficiaries?

Interruption

You give them documents and to release then then they do not return the you find one does not want to come but he is only doing for the parent so they do not get well you find that the parent is forcing the child to come but the child is not ready to get well. And some parents they use money

to get to their children, you find that the child does not know what to do with the money and end up buying drugs, parents buy their kids love by giving them money.

Researcher

Do these kids get better?

Participant

Yes, these are the kids that mostly relapse because the child does not want to get better they here for the parents not for them. They will never heal because this is not what they wanted

Researcher

Do you get support from family or community?

Participant

We do especially from family because there are parents who do not want to admit that their parents are smoking because of what people might say so they keep in so we talk to the parent and then the parent become open and start supporting the child and you find that the child cannot talk to the parent with our help you find that now the child is able to open up.

Researcher

Do you give them counselling so they will be able to be open?

Participant

We give them counselling we teach them to deal and talk to the child and also awareness about the drug.

Researcher

What kind of relationship do you have with the beneficiaries?

Participant

Mother and son

Researcher

When they leave you don’t find it difficult?

Participant

It depends how the cope some them they relapse

So, when they relapse how does that make you feel?

It’s not nice

Researcher

What is demanding about your role?

Participant

Commitment you have to always be committed you cannot do this job without commitment

Researcher

You have to be always committed?

Participant

Yes, there is no other way

Researcher

Do you have any beneficiaries that don’t listen?

Participant

They are there, the thing is it comes from home if a child come from a place with no discipline you will see it when they come here, and you will see it, and you find other beneficiaries are well

behaved and they listen. People are different, and we always preach that we cannot treat them the same.

Researcher

How do you deal with stress?

Participant

I talk I talk, I talk to my colleagues, they advise me the way they can.

Researcher

Does it help to talk to your colleagues?

Participant

Yes, it helps, but I would prefer to talk to an outsider, neutral person I would like to talk to someone neutral but because I am always here I talk to my colleagues

Researcher

Can you manage your time?

Participant

Yes, I can manage it

Researcher

And how about your life?

Participant

It does not affect my livelihood, I am happy here it's the only place that makes me happy My life is here I am always here, most of my time is here

Researcher

You talked about locking yourself in the office when you do what do you do in the office?

Participant

I finish my work when I am in my office that helps with my stress, how many questions left I have to get back to work

Researcher

We have just one left, what can be done with the challenges that centre faces?

Participant

I think awareness and workshops will help

Researcher

Thank you for your time have a lovely day

Participant4

Overview of caregiving role

Tell me about yourself

I am proud caregiver at the abovementioned recovery centre. Having grown up in a family or society challenged by addiction of the use of substances that deprives our youth and environment of improvement and life, I have chosen to spend my life and career, handing/landing a helping hand in helping our community in overcoming the problems that we face daily in our lives.

Tell me about your work

My work entitles that I work personally and directly with our services uses, looking into their lives and family backgrounds. Understanding the background of the individual using individual sessions my/our primary source, tackling the challenges they have faced in their lives, recognising their strengths and weaknesses and helping the services users realise and recognise their capabilities.

Why did you choose this career?

I chose this career path in order to allow myself to become enabled to challenge the problems being faced by our community. But most importantly to give a helping hand to our brothers and sisters facing disease of addiction, disabling them from prospering and moving forward in life.

How long have you been working here?

I have been working in this particular field for

Why did you decide to work here?

This was the place that allowed me to pursue my passion at a very high challenge and because the community was showing an interest in fighting the challenges they were facing in regards to addiction and therefore giving me the confidence to give my passion a working chance.

What are your roles and duties?

Having individual sessions/interactions with services users, looking and observing individual behaviour characteristics and understanding their highs/lows and capabilities. Giving a helping hand and attention / a listening ear, allowing each individual time and space to reflect and portray.

What are your experiences of working with beneficiaries?

I have gained knowledge of understanding different backgrounds, in relation to family. The ability to allow myself to reflect from eye of another individual and the capability of growing my experience in the field that I love to work in.

What have been your good experience so far?

Seeing individual services users progress in life and recovery individuals overcoming addiction, and personal challenges experienced in their family and life struggles.

What have been your bad experience so far?

Becoming emotionally attached and allowing individual personal experience to have a mark in my personal well-being.

How has this role affected your well-being?

I have at times become or developed a somehow personal attachment to services users, leading to my work being a priority in my life.

What are the general problems that the beneficiaries normally bring?

Not being given attention at home, peer pressure and a feeling of wanting to belong, therefore mostly tend to result in using substances either to fit in/escape and forget.

Challenges and demands

What have been or are your challenges in terms of the work you do?

Getting the service user to completely open up and honestly reveal themselves open mindendly to us. And getting most families acknowledge their roles in the user's challenges and helping/ understanding the individual.

Do you get any support from community or family members of the beneficiaries?

The support we get from the outside is mostly materialistic therefore making it about 30-40%, but yes, we do get some help from the families and community.

How is your relationship with the patients?
my relationship with the patient is fair or rather good, because of the response that I/we receive from the patients, when they are able to communicate with us in every aspect of their life's and recovery journey.

What do you find most demanding about your role?

Being assertive towards individuals whilst they expect (pity)/ caring hand and setting boundaries between my personal and working surroundings.

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

I have optioned to having another person to talk to, allowing myself to have more personal life out of/from my working hours being assertive and setting boundaries.

What do you do when you want to unwind?

I have/make quality time with my family (going out and having recreational activities). Go out with friends and socialise and take time to read and study.

What can be done to improve the situation? Possible interventions?

By having more/enough co-workers in order for caregivers to be able to give the service users enough time and attention in regards to their well-being.

Any recommendation on the kind of support or resources that you might need

Participant 5

Overview of caregiving role

Tell me about yourself

I am straight and forward, I always try to be on point, cooking it's the thing I can do in my life. I am a very loud person, positively. I am a clean person, everywhere I am it has to be clean.

Tell me about your work

I am at second chance as a chef. I define myself a professional chef because I cook good and healthy food and tasty. I love to get compliments on how I cooked if I dint get I get crossed.

Why did you choose this career?

I have passion of cooking. I take it a gift from God.

How long have you been working here?

Two years.

Why did you decide to work here?

I am very passionate about food; this centre provide food for service users every day. So, I took it as an advantage for me to work here, because therefore place provide food everyday

What are your roles and duties?

Chef.

What are your experiences of working with beneficiaries?

It's a bit difficult sometimes, because others will want more or some more. Whilst you find that the food I prepared is finished. It became a challenge with me. But it feels good because I know I cook tasty food.

What have been your good experience so far?

We sometimes get visitors here in the centre, its most thing that gives me will-power to bring out my best. Visitors enjoying my meat, it feels good.

What have been your bad experience so far?

The management telling me how much food or groceries must I use. I cook enough food that will be enough for everyone.

How has this role affected your well-being?

It makes me feel down sometimes. But I do not loose what I have.

What are the general problems that the beneficiaries normally bring?

Eating with caps on their heads. Asking for more food, whilst I am dishing up equal to everyone.

Challenges and demands

What have been or are your challenges in terms of the work you do?

Time is always on my side, I cook more food and the beneficiaries do not finish the food. Them I cook less food then they become choosy. It's a challenge for me but sometimes I manage to serve all of them.

Do you get any support from community or family members of the beneficiaries?

Yes, as I said to the above question that everyone loves my hand of cook. The community compliment me and always gives me the thumbs-up.

How is your relationship with the patients?
Excellent, fun and honest. I am an honest person, so I always tell the truth and I play or mingle with them at the right time to do.

What do you find most demanding about your role?

Enough groceries, every day.

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

When I can't handle the situation, I always ask advice from the management.

What do you do when you want to unwind?

I cook quickly and relax a bit.

What can be done to improve the situation? Possible interventions?

The management has to understand that I use as much groceries as possible. If they can bear with on that one

Any recommendation on the kind of support or resources that you might need

Participant 6

Overview of caregiving role

Tell me about yourself

I … love working and I am always happy at all time with my family, I love working with people and I am honest, hardworking, kind person, caring, loving person who understand people and love making jokes… at all times and I have worked as a domestic worker half of my whole life so I have got experience working as a caregiver.

Tell me about your work

I am taking care of the boys here at second chance, cleaning for them, cleaning offices, doing laundry also cleaning the rooms and monitoring the cleaning detergent for the boys at the centre. Washing their curtains making sure that they have clean bedding stuff and all the room they are clean all the time, also teaching basic instruction for hygiene purposes.

Why did you choose this career?

I choose this career because I am a hardworking person I love working with the people at the centre and I felt in love working with boys. Cleaning for them socialising with them then I felt in love with them. I started enjoying my career as caregiver for Nyaope boys. As a parent it is my duties to make sure they found love and comfort.

How long have you been working here?

I have been working here since the beginning of the centre. In 2016 when they opened I started with them till now.

Why did you decide to work here?

As an old parent I was working as a domestic worker before so that makes me come here work as a caregiver for the boys as SCRC.

What are your roles and duties?

Teaching the boys at the centre how to use different cleaning detergent and to be able to apply those cleaning material in different ways. Maintaining of the offices, rooms storeroom, cleaning the rooms doing laundry and ironing of the curtain and bedding stuff.

What are your experiences of working with beneficiaries?

I experience that nyaope boy are people with good heart and they have talented mind, good behaviour and it is possible for the Nyaope users to be able to overcome (Nyaope). The beneficiaries they loved, enjoyed communicating with cause I give them advices how to take care of themselves, how to behave.

What have been your good experience so far?

My good experience is that I have learn that people who smoke Nyaope it possible for them to quit smoking and they are talented most of them loving and caring people. In a respectful manner. They listened to me whilst I gave them instruction with respect. They are not bad people.

What have been your bad experience so far?

I have experience bad when at first starting working at centre they were scary, smelling some has scars on the face, as old woman working with boys only I was scared. But when times goes on I became friends with them and a mother to them.

How has this role affected your well-being?

The role did not affect my well-being because I love working with boys.

What are the general problems that the beneficiaries normally bring?

They do not follow instruction when doing their duties of the centre they sometimes forget to clean but so far they understand me.

Challenges and demands

What have been or are your challenges in terms of the work you do?

There are no challenges so far because I am an experienced caregiver for the centre and I have been working as a domestic worker before.

Do you get any support from community or family members of the beneficiaries?

Yes, the parent of the beneficiaries come and visit at the centre and gave support and encourage them. Some of the community members come to volunteer work and clean here at the centre, some come to motivate the beneficiaries and acquire them with skills development.

How is your relationship with the patients?
the relationship with the beneficiaries is good because they treat me with respect I guide them and teach them to be responsible for themselves when they go out of the centre.

What do you find most demanding about your role?

The most demanding role is to make sure I arrive on time at the centre make sure the office is clean before the managers come in to work also I did clean not forget to wear my safety equipment before working.

Coping mechanisms of caregivers

How do you deal with stressful/ demanding situation?

I make sure I perform my duties according to my roaster as given by the centre on time as a professional caregiver I do not experience so much stressful situation.

What do you do when you want to unwind?

I usually make jokes with the beneficiaries because I am a person who loves jokes most of the as an old mother, I normally work with no pressure so I always being happy most of the time.

What can be done to improve the situation? Possible interventions?

The management has to understand that I use as much groceries as possible. If they can bear with on that one

Any recommendation on the kind of support or resources that you might need

Clarification question and answers.

Researcher

I see you have answered all the question so now I am going to ask a few questions to add on what it is already said here

Participant

Yes

Researcher

Here you talked about good experience and you said those kids have good heart, they good and the behaving well, is that the experience you had with them?

Participant

What else do you like about them?

Researcher

I tell them and say take water and clean, if you refuse I get it you find sometimes some close their doors why are they closing their doors, the door has to be open and windows have to open so that you get fresh air, when you at your house you open the windows for fresh air you can lie on your bed and you Open the door

Participant

These children, have respect, they are not disrespectful, they know how to treat a person, they know how to talk to a grown up and how to talk to a person their age. When I make mistakes, I

can tell them, and I also encourage them to talk when I have wronged them or spoken to them in a bad way, and when I do something wrong I go to them to apologies we end it there it does not escalate.

Researcher

Ok, is that all about what's you like about them?

Participant

I also teach them basic chores like making their beds and help them to do it better by showing them how it is done, I also teach them how to dust, clean You must dust, clean the room so that when you go home they must be surprised how your cleanliness have improved.

Researcher

So that they can see the change at home?

Participant

Yes, even the laundry they do their own laundry and then I just iron for them but when they are around I do not wash them I only wash them when they go out and I iron their clothes when they come back they find their stuff good.

Researcher

Good experience is that they listen to you and respect you?

Participant

Yes

Researcher

What has been your bad experience working with them?

Participant

You know what I do not know, some of the thing they make me dump, you know what I do what I came here to do like when you tell me something like doing curtains and doing other thing I wash their lace curtains I do that for them and then I tell them to wash the windows you see they do it

Researcher

Do you have those who don't listen to you?

Participant

Everyone listens, all of them listen if they say listen I remind them the next day and i scare them by telling them about the picketer and tell them the spectre is coming

Researcher

What's the night guard

Participant

People that check the room and check their living conditions and so on

Researcher

Ok, here you wrote when you started working here you were scared and it was smelling people had scars in their face how did you feel about it?

Participant

You know what I just comforted them and told them things will be alright you will change and be like other kids and we are the same blood I won't be disgusted by you, you are my child when I look at you are my child what I can tell you is we must get along and do not Lock me outside we have to be one and do not be alone socialise so that you can be happy

Researcher

Cleaning for people is not easy, how do you deal with careless people?

Participant

Interruptions

I love these children, they are my children

They are my kids I love them if they cannot do something I enter the room I always open the windows

I enter and clean near the door I tell them you see I have cleaned your room tomorrow you can clean your room I won't be cleaning up for you when you are Around clean your rooms, morning after showering you must clean your room and open the door.

Researcher

Ok I see here you say some do not listen how do you deal with that

Participant

Those who do not listen I take to the night guard, I tell them that the kids do not listen they then start listening after talking to the night guard I the repeat and come to the room to check if they have cleaned and I tell them when you get out of your bed it should be like when you were home

You should know when you get up first thing is to make your bed then you go where you going, you shower and when you come back you start with your room so that when is time to eat you know your room is clean.

Researcher

How is it working with people?

Participant

I am alright, and it's the first time working this kind of job

Researcher

So how it so far? Are you enjoying

Participant

There are days I am angry for example when I make a mistake I apologise to the beneficiary I tell them that I was not serious I was merely making a joke I ask for their forgiveness but you won't find me again talking to that beneficiary I do not want to always be defending myself at work you see work records are painful you see

Where will I go I am old who will hire me so I apologise before I get into trouble and I won't be talking to you. He won't be talking to me because of guilt or he will try to joke with me but I won't entertain him I will entertain those who do not make me angry

Researcher

I hear you say you sometimes get angry

What makes you angry?

Participant

When they do not what I ask them to do

Researcher

How do you deal with your anger?

Participant

I just let it go I forget about it I let it go I just open my phone, I sing, when I heal then I forget after a whilst and start talking to you again and greet you again. Then we start laughing and forget about it

Researcher

You never anger for longer?

Participant

No, it's just for 5 minutes then after 5minutes I go back to that same person. The beneficiary would be surprised, and I just tell them I will never be angry at you my child I forgive you. I will go to them I just want to see how they react but some I get angry I do not want to talk to them or say anything to them I just say hi

Researcher

When you angry like that What causes it?

Participant

You know what, you say I have done something I did not do and you find that I get pissed and when you get that thing you do not come to me to tell me sorry

Researcher

So like when someone has lost something and say it's you?

Participant

Yes, like when the beneficiary they shower they leave their toiletries in the shower I take what they left and ask around who is it for or maybe I take them and put them safe or hang the wet washcloths or put in the chair. I tell other that please let the person who left their stuff in the shower I have put them there or I take the soap and put it in the kitchen and ask there if they know who the soap belong to or take it to the wash room.

Researcher

What do you find difficult about your work?

Participant

I just do my work I do not see any difficulties

Researcher

You don’t have any difficulties?

Participant

No

Researcher

How do you deal with stress?

Participant

Stress?

Researcher

How do you deal with it?

Participant

I am always ok

Researcher

So when someone has made you angry like you explained previously how do you deal with that

Participant

I just avoid the person

In my heart I am never angry

Researcher

Your anger never escalates to stress?

Participant

No

Researcher

I see here you said you like making jokes, when you have stress to cope

Participant

Yes, when I am here I dance with the beneficiaries they teach me new dance moves and we laugh about it and we play around and I forget about it

Researcher

Is it a way of coping?

Participant

Yes, I do not want to show that I am angry, I laugh when I am angry those kids their emotion become low so that put on more stress to them, so I do not want that I want to see them recover to be alright and to be like other children. Some of us have children like this you see my child you do not go with them everywhere so they will lie to you when you ask if they smoking but I will see the signs like his urine has changed and that will give me signs I ask them to tell the truth so that I can be able to help him you do not have to lie about something you know I see when you lie.

Researcher

Then is there anything you want to add from what we have said?

Participant

They are good kids they are alright

Researcher

And you are you alright?

Participant

Yes, I am good I am very good, I cannot be stressed whilst working here I have to be good and talk about what's bothering me.

Researcher

If I pissed you off, you will tell me there and there

Participant

Yes, I will tell you that I did not like what you did we came to work we did not come here for arguments and fights and gossips and grudges and I also want to be told if I do something wrong so that we can finish it here I do not want to go home with work stress and I do not bring home problems to work I leave that at the gate.

Researcher

Thanks, you very much mama

We are done

Thank you for your time

APPENDIX E: LETTER FROM THE LANGUAGE EDITOR (APES)

Nr: 0019334

ACADEMIC AND PROFESSIONAL EDITING SERVICES

Tel nr: SA +27 81 534 3590/ USA: +1 (773) 217-4568/ NZ: +64 22 359 2202 SA
www.apespro.com; Facebook: www.facebook.com/apespro

LANGUAGE EDITING CERTIFICATE

Research report title:	Second Chance Recovery Centre: The Experiences of Caregivers Caring for Nyaope Addicts
Author:	Kgothatso Selloane Lydia Mokutu
Institution:	Unisa
Date Issued:	20 November 2020

This document certifies that the manuscript listed above was edited for proper English language, grammar, punctuation, spelling, and overall style. Neither the research content nor the author's intentions were altered in any way during the editing process. Documents receiving this certification should be English ready for publication; however, the author has the ability and choice to accept or reject our suggestions and changes.

If you have any questions or concerns about this document or certification, kindly contact Elizabeth Marx at info@apespro.com.

APES are committed to providing high-quality services for professionals and researchers. To find out more about APES, visit www.apespro.com.

Elizabeth Marx

Represented South Africa at the EFA International Editors' Conference – Chicago: August 2019

SAFREA Exco Member

turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author:	Kgothatso Selloane Lydia Mokutu
Assignment title:	Revision 2
Submission title:	Dissertation
File name:	Kgothatso_Mokutu_dissertation_1.d…
File size:	2.95M
Page count:	129
Word count:	28,784
Character count:	149,632
Submission date:	14-Dec-2020 11:35AM (UTC+0200)
Submission ID:	1474548782